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THE
AMERICAN OBSERVER:

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA,

SURGERY, PRACTICE OF MEDICINE,

DISEASES OF WOMEN AND CHILDREN,

OBSTETRICS, PATHOLOGY, MEDICAL JURISPRUDENCE, MICROSCOPY
PHYSIOLOGY, POSOLOGY, CHEMISTRY, TOXICOLOGY,
BOTANY, AND HYGIENE

"IN CERTIS UNITAS, IN DUBIIS LIBERTAS, IN OMNIBUS CHARITAS."

NEW SERIES—VOLUME I
FROM BEGINNING, VOL. XI.

DETROIT, MICHIGAN:
PRINTED AND PUBLISHED AT LODGE'S HOMŒOPATHIC PHARMACY,
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1874.

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Introductory.

NEW SERIES.

With the year 1874, we commence the publication of Vol. XI, or the FIRST volume of the NEW SERIES. We may not live to complete another *Decennium*, but we can promise that while life continues our endeavors will be ceaseless to give to the *Observer* a still higher position. One of its friends writes: "*I should like to see your health re-established, if it were only to see what can be done with the* OBSERVER *during the next five years. It improves.*" With better health we expect to do better work, but the success of the Journal depends so much more upon our colleagues, that we are glad to be assured of their continued assistance.

We cannot review the work of the past ten years without mingled feelings of regret and joy. Regrets because of its imperfections; joyfulness that our hands have been held up by so many tried colleagues and true friends, and that our publication now ranks among the few successes of Medical Periodical Literature. We closed the first series of the *American Observer* with as bright an outlook as youth steps into the dignity of manhood after due preparation for its responsibilities.

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SURGERY.

The Surgical department has been under the Editorial charge of *Bushrod W. James, M. D.*, of Philadelphia, for the past six years. All will be gratified that his interest in our *Observer* is undiminished. The present number for 1874, contains a very finely illustrated article from his pen, upon "*Amputations and fitting Artificial Limbs*," and this is to be followed by a series of papers, also well illustrated, which will show that our Surgical department is fully equal to any other in interest and value to every practitioner.

DISEASES OF WOMEN AND CHILDREN.

This department has been regularly served by a number of elaborate papers by its Editor, *Thomas Nichol, M. D.*, of Montreal, Province of Quebec. During the year 1874 the same will be regularly continued, and the present number contains a paper upon Asthma, which will be regarded as one of the most valuable we have published.

Dr. Nichol's services upon the *Observer* staff have been highly valued by his colleagues, as well as by our subscribers generally, and all are glad that his pen will be in requisition for years to come.

FOREIGN TRANSLATIONS.

Dr. S. Lilienthal has enriched the pages of the *Observer* from month to month with excellent translations of the best articles from the Medical Magazines of Europe The last volumes contained so large a number of these that they are regarded as a leading feature of our Journal. They have always been highly prized by our subscribers, and we are most happy in announcing that this department will be continued in the New Series. The December number of last year contained an excellent Lecture on Surgery by Prof. Esmarch, and the present number contains other equally fine translations.

PATHOLOGY AND MICROSCOPY.

Not very many articles upon Microscopy appeared during the past year, but Dr. Jones gave us Pathological and Critical papers. He has written for this Journal exclusively for some time past, and we are glad to be able to retain his aid. We expect that his pen upon the *Observer* hereafter will mainly be employed in the department of *Practice of Medicine.*

MATERIA MEDICA.

E. M. Hale, M. D., has edited this department for the past seven years, and has written for us since the commencement of the Journal. In its weakness and infancy, ten years since, he was willing to labor industriously to give it a place and a name: now that it is established upon a strong basis he has a peculiar pleasure in its prosperity. He still works in the department of Materia Medica of *New Remedies*, and is as enthusiastic as ever in the belief that the indigenous flora of America contains medicines for many, if not "all the ills that flesh is heir to." A brief paper upon Populus in this number will show the practical value of a few clinical observations in relation to a little known remedy. We expect frequent contributions from his pen for 1874. An examination of the Complete Classified Index of the *Observer*—First Series 1864—1874, will show that if all his contributions to our pages were gathered together, they would make a respectable sized octavo volume. That these have been of value to the profession has been well attested.

PRACTICE OF MEDICINE.

Dr. Searle did good service in the *Clinical Department* of the *Observer*, and we much regretted that his professional engagements prevented his continuing as editor. We have now filled his place with one equally as efficient. He will strive to make this department the most practical and valuable of all. The first volume of the New Series for 1874 will doubtless excel all previous years in interest, and the department of *Practice* will certainly not be the least in importance.

CLINICAL OBSERVATIONS.

This department will be edited by D. A. Colton, M. D., of Chicago. It will be devoted to brief reports of treatment, clinical notes, items, characteristics, etc. (Contributions for this department are solicited from all our readers.) The more elaborate and systematic dissertations will appear under *Practice of Medicine.*

HYGIENE.

Will not be neglected—Dr. H. P. Gatchell, of Kenosha.Wis., as editor, will give our readers acceptable dissertations as well as brief items.

CLIMATOLOGY.

Will receive attention as heretofore, but we shall only be able to give this subject a limited space.

BOTANY AND PHARMACOLOGY.

This department will be under editorial charge of N. B. Delamater, M. D., of Chicago, who will furnish from month to month articles of interest and value to all practitioners.

OBSTETRICAL OBSERVATIONS.

Many good articles appeared last year, but still better may be looked for hereafter, as the services of a competent editor for this department will be engaged.

HOMŒOPATHIC INTELLIGENCE.

As this journal was one of the first to give prominence to homœopathic intelligence, it will not fail to cultivate this department; and we shall esteem it a particular favor if our readers will send us by newspaper, or postal card, or by letter, from week to week, such items as they may think will be useful or interesting to the profession.

OTHER DEPARTMENTS.

All the other departments of the *Observer* will receive due attention, under charge of competent Editors, for the coming year.

TO CONTRIBUTORS.

We hope at some time to be able to pay all our contributors well for every valuable article they may send to our pages but at present we can only offer to send them the Observer, free of charge, and also to *print for them in pamphlet form*, with new paging, 25 copies of every accepted article if it is over four pages in length.

HOMŒOPATHIC.

Our *Observer* is called *American*, and is rather national than sectional. It is the organ of the *whole* Homœopathic Profession, and not under the control of any college, society, or clique. It has a liberal platform, and yet a conservative one. Papers are welcome from every writer who subscribes to the doctrine of *Similia Similibus Curantur*, yet we cannot give space for allopathic therapeutics. Any writer that has aught to say that is likely to be of advantage to any practitioner of medicine, can have space in our pages whether his views coincide with our editors or not.

REGULARITY IN PUBLICATION.

We have made provision for the prompt issue of the Observer *by the first of each month*, and if our readers will reciprocate by *prompt* remittances,we shall be able to meet them with a publication that will be of more service to them any one month, than the amount of subscription for the year.

CLASSIFIED INDEX.

The Classified Index of the First Series, 1864 to 1874, ten years, is nearly finished and will be published as soon as completed. This will embrace a complete table of contents of each department, and each section or subject, so arranged and classified at to bring before the reader at a glance all that has been published on any disease, medicine, or subject, during the ten years of the *Observer's* existence.

As it has involved a large amount of labor and expense in its compilation and publication, the price has been fixed at *One Dollar*, but we offer to send it FREE to all of our subscribers who will remit the subscription for the year 1874 of $2,50, before the 1st of February.

The present number will be sent to all our old subscribers. Should any one desire to discontinue, they will please return. this number marked *Declined* (*with name*, that we may be certain to mark off the right one.) But we trust that all will appreciate our earnest endeavors to make a Journal worthy of continued support; and that they will not only remit their own subscriptions but send us additional subscribers.—With such aid we can issue for 1874 the *largest and best Medical Monthly*.

FRATERNAL GREETING.

We send out our first number of the *New Series* with our fraternal regards to all our professional friends. We hope that the *New Year* will be rich in blessing to them, and to the common cause; that there will be many additions to our numbers and strength; that the wisest counsels will prevail in all our County, State and National Associations; that there will be harmony in our ranks, and every disposition to fairly co-operate in just and practicable plans for attaining rights which belong to the profession; that all our Colleges may prosper in qualifying students to represent our practice; that every worthy enterprise will be fostered; and finally that this journal may ever use its influence for the benefit of the whole fraternity, thus being each year more and more worthy of hearty support.

E. A. L.

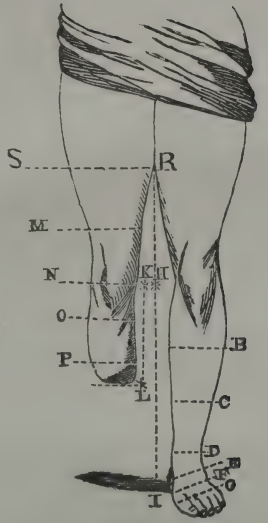


Fig. 1.

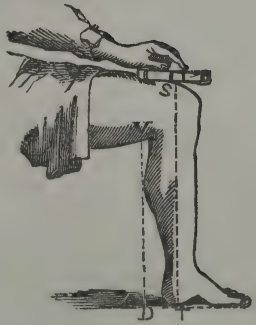


Fig. 2.

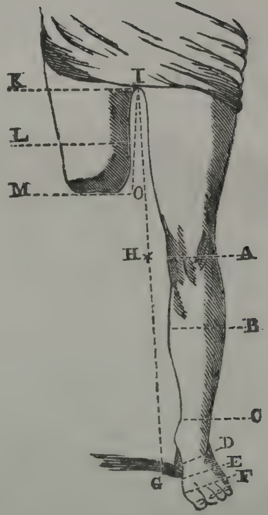


Fig. 3.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

AMPUTATIONS AND FITTING ARTIFICIAL LIMBS.

While artificial limb makers do not propose to direct experienced surgeons where to amputate limbs if it becomes necessary, but rather propose to adjust limbs to the patients as they need them, yet there are places at which limbs may be amputated which will secure the best possible results in the use of artificials, and these places, even very experienced surgeons often fail to find; their object being at the moment the most eligible place for a successful operation, and not so much the fitting of a limb. For artificial legs as a general rule, the best location is half way between the ankle and the knee; or for the thigh, half way between the knee and the hip-joint. This gives plenty of stump for the use of the natural joint above, while it leaves plenty of room for artificial joints below; and at the same time secures a good covering for the end of the bone, and saves the cicatrix from danger of contact with parts below.

Figures 1 and 3 show first-class amputations. For amputations of the fore-arm, the best plan is to remove half way between the wrist and the elbow; but above the elbow, in order to secure the artificial arm to the stump, it should come to at least three inches of the elbow-joint, or even a little nearer is desirable in the nice control of an artificial. Figs. 4 and 6 show good samples. Fig. 5 shows a bad stump for a useful artificial member, it being too short for a good fit.

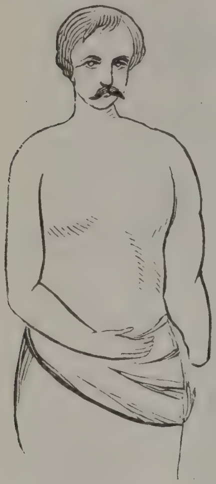


Fig. 4.

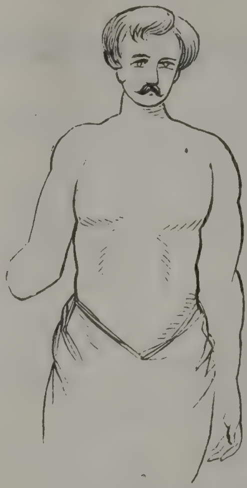


Fig. 5.

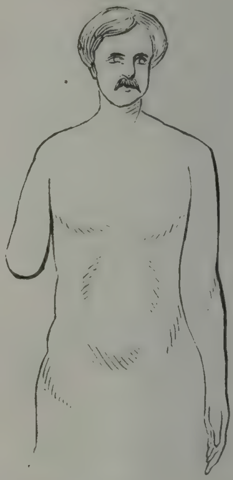


Fig. 6.

In securing an artificial limb, the following are the most important points to be considered :—

1st. As the entire weight of the wearer comes on the taper or slant of the portion of the limb left, a perfect fit is necessary, and best secured by a moulded socket over a plaster cast of the stump on the plan of dentistry.

2nd. On account of said weight and its oppression, the greatest amount of ventilation possible should be secured,—an openwork of steel seems to secure this point.

3d. As the socket, or portion fitting the stump becomes more or less disagreeable, or even in negligent cases, filthy by being saturated with perspiration in summer, and as the stump frequently changes shape after a leg is secured, said socket should always be removable from the leg without great expense.

4th. It should also be remembered that *nothing artificial* has recuperative power like the natural ; so that it is of great importance that a limb should be obtained that has the least possible complicated mechanism, with few, or what is better, with no strings, cords or ligaments to wear off. And the easy removal of springs, or portions liable to wear loose by the wearers themselves.

5th. Secure a limb as light as possible, (*i. e.* made of the strongest known material), and one adapted to the patient's weight, profession, &c.

Kimball & Co., of 50 N. 7th St., Philadelphia, claim to have secured in a wonderfully complete manner, all the above important points in artificial limbs, and thus vastly improved the condition of this quite numerous class of patients. The article they use for lightness, is a patent material called vulcanite, and beside being used in manufacturing the limbs, it is also applied in making fracture splints, and apparatus for some forms of deformity.

MEASUREMENT FOR LEGS.

While it is much better as a rule for the patient to make personal visits to the limb-maker,—have him take measures, and hold him responsible by written agreement for fit and usefulness of limb, in cases where distance, conditions, or means of patient will not permit a visit, the following directions carefully followed by a person used to measuring, will in most cases secure a perfect fitting, good limb.

The correct method of measuring for the Patent Skeleton (artificial) Leg is best shown by a diagram; therefore, by referring to the cut, the explanation will be readily understood.

Measure with a tape line at the points indicated by the dotted lines in Fig. 1, and place the figures at the end of each line. Length from R to H, from H to I, circumference at B-C-D-E-F-G.

Then on the side where the stump is or amputated leg, measure the

Length from K to L,..................................
Circumference at S. M. N. O. P....................
Height from S to T, in Fig. 2.............................
“ “ V to D..
Length of foot...
State which leg is amputated.......................
When amputated..
Cause..
Your weight...
Occupation..

The correct method of measuring for an artificial leg above the knee is :—

Measure with a tape-line at the points indicated by the dotted lines in Fig. 3, and place the figures at the end of each line. Length from I to G, from I to H, circumference at A-B-C-D-E-F.

Of the stump, or amputated leg :

Measure length from I to O.........................
Circumferences at K, L, M,..........................
Height from S to T, in Fig. 2........................
Height form V to D in Fig. 2........................
Length of foot..
Which leg is amputated................................
When amputated..

Place your foot on a piece of smooth paper (boot and stocking off,) and carefully mark around it with a pencil, and send this outline with the above measures.

ARTIFICIAL ARMS.

It is not probable that science and art will ever succeed in so thoroughly replacing the loss of an arm or hand, as it can and does the loss of a portion of the lower extremity ; for, while the above firm claim to be able to produce with the will, in the artificial nearly every movement of the natural hand and arm, all artificial hands must always lack one very important quality of power, the sense of touch,

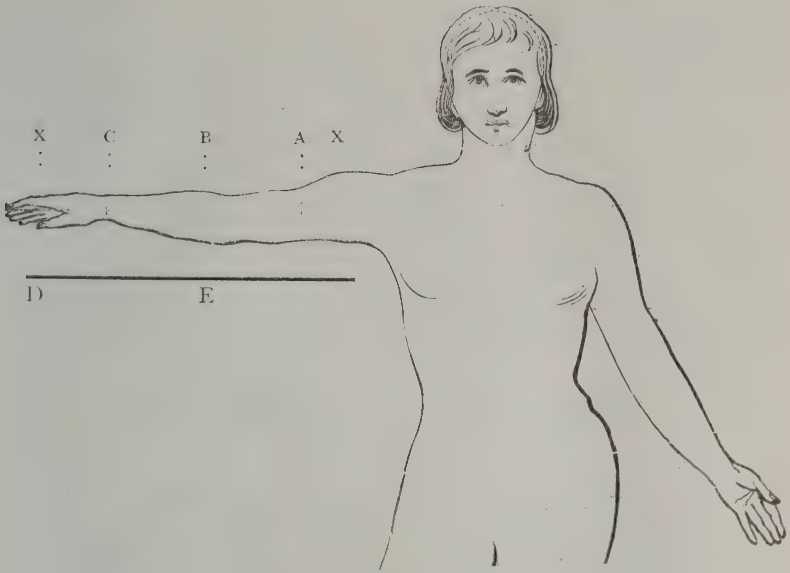


Fig. 7.

DIRECTIONS FOR MEASUREMENT.

Lay the well arm on a table over a sheet of paper, as in Fig. 7, and holding a pencil perpendicular, mark around the arm and hand.

Also write on dotted line over the arm, in inches, the circumference at X. A. B. C. and X.

Also at D, distance from end of fingers to front of upper arm when the elbow is bent at right angle.

At E, the distance from top of fore-arm, to close under the shoulder arm the same.

For amputation at the shoulder, an artificial limb-maker alone is competent to measure, or otherwise a comfortable fit will hardly ever be made. Always state which arm is amputated, when, the cause, and your occupation.

Then for an amputation of the fore-arm, measure in circumference around the arm :—

1st. Two inches below the shoulder.

2nd. Then two inches above the elbow.

3d. Then two inches below the elbow.

4th. Then two inches above the end of the stump.

5th. Then half way from the end of the stump to the elbow

6th. Then the whole length of the arm from the end of the stump to the front of the edge of the axilla.

If the amputation has been near the elbow and below it, make the first three measurements and the length from the stump to the axilla as before.

If the middle of the arm, make the first measurement and then one circumference around, then above the stump, and then the length.

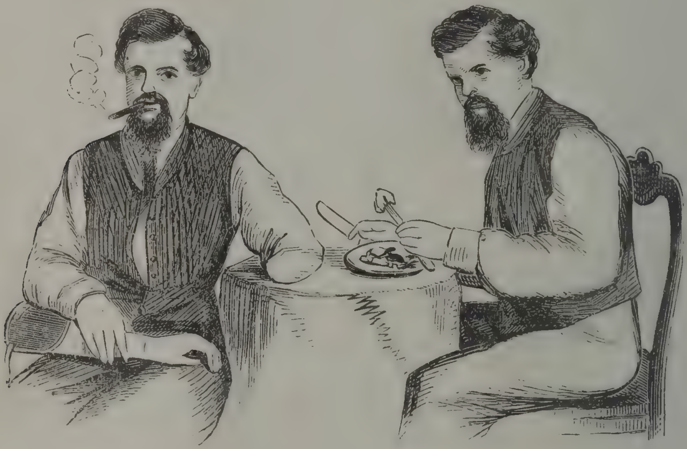


Fig. 8.

In trying to imitate the natural human hand, we have only to deal with possibilities, sensation and recuperation are among impossibilities in anything man can make, and to undertake to make an artificial arm strictly on the plan of anatomy would be absurd, for the reason that cat-guts, ligaments or strings having no recuperative power, or ability to grow as fast as they wear out ,would very soon become useless from stretching and breaking. By imitating a lower order of artificial creation, that is, the Lobster, or rather the Armadillo, first by producing a series of Armadillo arranged shells, by transferring impressions of natural arms to forms of vulcanite or rubber, and second by so attaching the levers or bones as it were, to these shells, and thence connect them to some moving power of the body, so as to produce the manipulations of life—the task was undertaken, and the result has been highly successful and satisfactory.

Fig. 8 illustrates the usefulness to which one of these artificial hands can be applied, where the amputation has been made at a proper point. In the one figure is observed the the artificial right fore-arm and hand removed and held in the left hand, while in the other can be seen the same arm in use holding a fork and food in the act of rpataking of a meal.

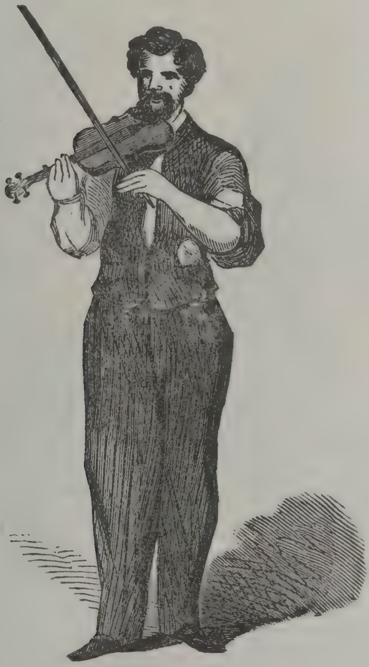


Fig. 9.

Fig. 9 represents another use to which an artificial hand and arm may be put. the gentleman (shown in the cut) wore one of these artificial limbs, and was able to play a very fine tune upon a violin.

Patients after some practice, can also play toss and catch with these artificial hands, and perform many other games requiring the grasping and other movement the hand.

Fig. 10 shows still another case, one in which the owner of two artificial legs, is enabled to walk with comparative ease on two artificial limbs well exhibited in the plate, with the pants rolled up, and the vulcanite limbs visible.

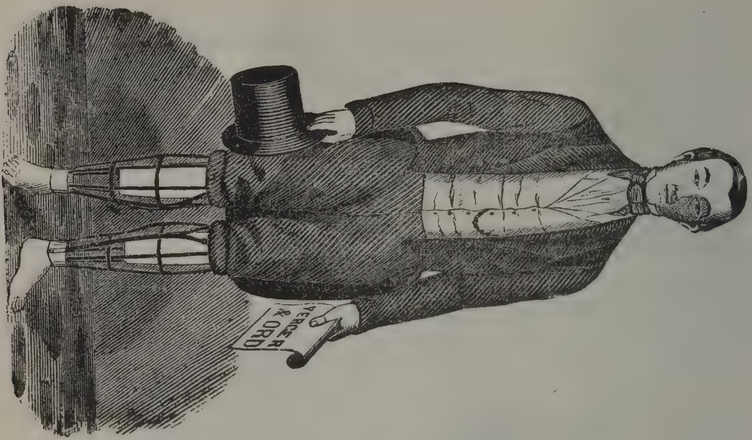


Fig. 10.

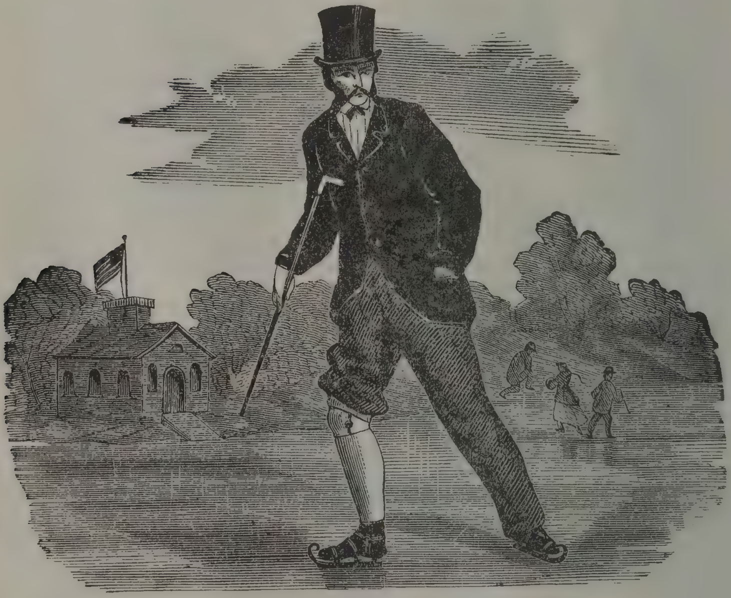


Fig. 11.

Fig. 11 illustrates one of the most difficult uses to which an artificial limb can be and has been put—the act of skating. It is of course to be remembered, that these more difficult results are not always obtained the first few days of wearing, but after some degree of practice on the part of the wearer, some being more timid than others, and some being more supple and active and thus of course the perfection of their use are not thoroughly obtained by every wearer.

LITHOTOMY—NEW OPERATION.

Any improvement in the form of a surgical operation which lessens the mortality of patients operated upon, is of course a matter of deep interest to both the surgeon as well as the class of patients on which such operations have to be performed. Hence we extract the author's description of a new method in which he claims that a much less rate of mortality is found than by the ordinary modes. The article is found in the *Boston Med. and Surg. Journal* under the title "*New Method of Performing the Operation of Lithotomy*," The description is as follows:—

"Dr. Davidson describes a new mode of operation which he has adopted. The staff employed is a modification of Buchanan's rectangular one, the acute angle being replaced by a gentle curve, and grooved on its inner aspect. The form of the external wound is semi-lunar, curved somewhat lower and deeper upon the left side than on the right in order to afford a freer drain in the side on which the prostratic wound is situated.

"Having exposed the membranous part of the urethra, this is opened, and a guide is introduced along the groove in the staff into the bladder. This guide consisting of two parallel and connected bars or blades capable of being separated by means of a screw, forms, when approximated, an instrument about five inches long, somewhat like a female catheter in size, straight, slightly flattened from above downwards, and grooved on the left side so as to permit the bottom point of the knife to slide along without escaping from it. When this guide has been fairly introduced into the bladder, the staff is withdrawn, and the blades are separated by the screw to such an extent as to render the tissues tense. The knife used has a button-shaped extremity to fit the groove in the guide.—The blade is narrow throughout, but is slightly triangular, becoming a little broader towards the handle that at the point. This knife is then carried along the groove so as to divide the tense resisting structures, by its edge being brought in contact with them rather than by actual cutting. The blades of the guide are now expanded to a sufficient extent. Should it be found, however, that the required degree of separation cannot be effected without force, the knife may be passed along a second time to cut the structures that still resist. In no case should anything be incised except what is found to oppose gentle dilatation. The size of the calculus determines the extent to which the knife is to be used and dilatation effected.

The blades of the instrument having now been separated so far as the size of the stone seems to demand, it serves as a conductor for the forceps into the bladder. They slip along between the blades of the instrument. The stone is then extracted in the usual way. Should the calculus be very large, the knife may be applied in precisely the same manner to the right of the prostrate, thus making a bilateral incision.

"The chief advantages of this as compared with other operations are the following:

1st. The incision is an exact and discriminating one, and both the incision and the dilatation are in proportion to the size of the stone and the resistance of the tissues.

2nd. The introduction of the forceps is simplified, the guide for the knife serving at the same time as a conductor for the forceps.

3rd. Some of the special accidents of lateral lithotomy are less likely to occur in this operation. Among these accidents may be enumerated troublesome and fatal hemorrhage; inflammation of the neck of the bladder and pyæmia, caused by bruising; infiltration of urine and pelvic abscesses, the result of too extensive incisions.

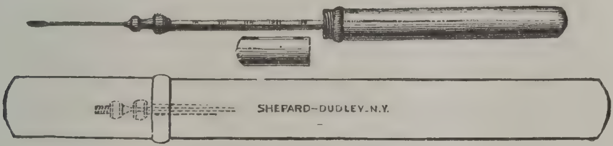
Dr. Davidson concludes his valuable paper with the statistics of results thus far obtained in this operation, the patients operated upon showing a very small rate of mortality.

A NEW HYPODERMIC SYRINGE.

BY EPHRAIM CUTTER, M. D., WOBURN, MASS.[*]

Although hypodermic medication has not superseded the gastric, still, for its efficiency, promptness and energy, it ranks as one of the great advances in modern medicine. It is apprehended that with the mass of the profession it is employed mainly when medication by the stomach fails, and in urgent cases only. Be this as it may, in my own experience I have found that whenever I desired and most needed my hypodermic syringe, it was generally left at home, because the bulk of the box containing it(small as it is) was still found to be cumbersome. This being the case,the writer has sought to contrive a form of syringe which should be so compact as to be carried in the pocket case of medicines, and occupy the space usually allotted to a phial. The accompanying figures represent in full size the result of this endeavor.

One cut shows the outline of the full-sized instrument, closed. Dotted lines represent the internal arrangment. The other figure illustrates the same with syringe filled, piston drawn out and needle attached. The third figure is a representation of the cap covers the needle to protect it from harm. The points in which this syringe differs from the ordinary ones are :—



(*a.*) Closure of the distal end of the cylinder. This makes the syringe a *cul-de-sac.* The circulation of the air is quite different from that in the cylinder of the ordinary syringe. Instead of the air drying the leather of the piston on both sides, it only dries on one side—thus reducing the chances of drying 50 per cent. Practically this syringe has kept in good order for months continually, when the ordinary syringe would be loose and dry. The drop of moisture confined in the *cul-de-sac* behind the piston has no connection with the air except through the piston; hence it evaporates slowly. Another reason for closing the distal end of the syringe was to keep out dirt and foreign substances.

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[*] Boston Journal of Chemistry.

(*b.*) Making the piston and its head hollow throughout, and having a male screw and milled head on the proximal end.—By these means a communication is effected wlth the cavity of the syringe.

(*c.*) Having the needle attached to the proximal end of the piston. This latter arrangement is *the* feature which is novel and which constitutes its peculiarity. The instrument is thus complete and ready for use. It is only necessary to draw out the piston with the needle inserted into the medicament. The fluid readily fills the barrel by running through the needle and piston, and the syringe is charged for use.

The method of introduction employed by Dr. F. F. Brown of Reading, Mass., is good. He pinches up a fold of the skin, on the arm or leg or elsewhere, between the left thumb and forefinger, then holding the needle point in the right hand vertically, enters the point into the integument pinched in the angle included between the finger and the thumb tips. The point is pushed in until the milled head of the piston touches the finger, then the cylinder of the syringe is pushed down and the injection is introduced. The instrument is taken out by withdrawing the piston. When this is done, then, and only then, is the fold of the skin relaxed from its hold.

After use a few movements of the piston to and fro will clear the instrument of the superfluous fluid. It is a good plan to leave some water in and keep the piston head moist.—(Indeed, this is a good practice for any syringe. Since adopting the habit of keeping syringes half or wholly filled with water when not in use, I have had little trouble with them.)

The needle should then be unscrewed and put point foremost into the cavity of the piston. The piston is pushed home, and the cap screwed on. The instrument is now ready to be laid aside in the medicine pocket book or in the vest pocket. It will be seen that this instrument is much simpler than others, and yet it is as effective and much more portable.

The writer is greatly indebted to the firm of Shepard and Dudley, 150 William street, New York City,—the makers of the instrument—for suggesting the new alumina alloy as a material for the needle. Steel gold-plated needles rust when kept in this instrument, but this difficulty is overcome by the new alloy, which will not rust or tarnish.

The firm mentioned above supply two forms of this instrument; one of German silver, nickel plated, with alumina alloy needle, price two dollars; and the other one entirely of alloy, price three dollars.

In closing the writer would say, that he prefers extemporaneous solution of morphous salts for subcutaneous injections.

The bottom of a glass goblet or tumbler, turned upside down, furnishes a clean and handy cavity in which to deposit the salt. The syringe may be filled with water and its contents discharged on the salt. The circulating motion thus given aids in dissolving the salt, and then it can be taken up into the syringe for use.

If those who use this syringe experience the same gratification as the writer, it will be an ample reward for his pains in this matter.

STRICTURE OF NECK OF THE UTERUS.

We take from No. 863 of the *Phila. Med. and Surg. Reporter*, an extract which is from a memoir read before the Paris Chirurgical Society in April last, on this important subject relating specially as the title of the article states to the

"*Surgical Treatment of the Stricture of the Neck of the Uterus*"

"M. Courty, of Montpellier, considers that neither slow nor rapid dilatation suffices for the permanent dilatation of the vaginal orifice of the neck of the womb, and that it is necessary to have recourse to surgical means to cure the dysmenorrhœa and sterility which occur in some cases. Meanwhile, however, it is well to begin treatment by dilatation, which, though not radical in effect, is at least preparatory.

M. Courty employs three surgical methods:

1. Bilateral incision by the simple or double hysterotome. M. Courty, however, prefers a blunt pointed bistoury with narrow blade and long handle. But as the cicatrix contracts and narrows the orifice again, he only employs this procedure in cases where the mucous membrane is much folded and therefore cannot narrow the aperture so much.

2. To prevent cicatricial retraction of the angles. M. Courty places metallic rings in the thickness of the neck, one on the right, the other on the left, like ear-rings in the lobule of the ear. These rings are each cut out on their side, and the result of their section is added to the normal orifice which it enlarges.

3. When the foregoing are insufficient, M. Courty resorts to autoplasty. He adopts three different procedures: (*a*.) incision of each side of the neck and suture of the internal mucous membrane with the external. (*b*) cutting two quadrilateral flaps of mucous membrane, one before and one behind dissecting these up, resecting the prominent part of the uterine neck and applying sutures; and (*c*) the same procedure, but making the flaps laterally and of triangular or of quadrilateral shape."

NÆVI: WHEN TO OPERATE ON THEM.—Sometimes th marks disappear in childhood without treatment, especially where there appears a spot of clear skin in the nævus. A good rule to adopt is to wait until after puberty, for this variety if they do not disappear or before it is best to cut them out. If they appear to be deep, and seem to be increasing in size it is best to eneucleate in childhood.

NELATON.—This justly eminent surgeon of France has departed this life deeply lamented.

Practice of Medicine.

THE LIVER:

HISTORICALLY ANATOMICALLY, PHYSIOLOGICALLY, PATHOLOGICALLY, AND CLINICALLY CONSIDERED.*

BY W, MORGAN, M. D., CANONBURY†.

ICTERUS—JAUNDICE.

Synonymously—Jaundice is recognised and known as—the *Icterus* of Pliny the elder, and Cælius Aurelianus—the *Morbus Regius*, of Celsus and Pliny the younger—the *Morbus Arcuatus* of Columella—the *Aurigo* of Plautus and Varro—the *Cachexia Icterica* of Hoffmann—the *Icterus* of Boerhaave and Linneaus—the *Cholelithia Icterus* of Young, and the *Fellis suffusio, vel Obstructio* of Cullen.

Nationally.—The Jaunisse Ictere of the French; the Die Gelbsucht of the Germans; and the Iterizia Citrinezza of the Italians.

Historically.—Jaundice was well known, and clearly defined at a very early period of the world's history, as the works of Hippocrates, Cælius Aurelianus, "the great African Physician," who flourished in the second century B. C.; Galen, Celsus, and many more, teem with scattered allusions to Jaundice as a complication of other disorders. Hippocrates, in describing the symptoms of the autumnal remittent fever of ancient Greece—see Book I on Epidemics—says, "Some were attacked with Jaundice on the sixth day, but these were benefited either by a urinary purgation, or a disorder of the bowels, or a copious hemorrhage, as in the case of Heraclides, who was lodged with Aristocydes." In his third book on the same subject, is to be found another case of considerable interest. Hermocrates, says that immortal author, who lived by the "*New Wall*," was seized with fever. He began to have pain in the head and loins; an empty distension of the hypochondrium; the tongue at first was parched; deafness at the commencement; there was no sleep; not very thirsty; urine thick and red; when allowed to stand it did not subside;

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[*] Continued from page 614 of Vol. X.

[†] "*Homœopathic World.*"

alvine discharges very dry, and not scanty. On the fifth day, urine thin, and substances floating in it which did not fall to the bottom ; at night he was delirious ; on the sixth day he had *Jaundice*. In the forty-second "Aphorism," by the same author, a work so celebrated that Suidas, "who lived more than seventeen centuries after the time of the writer, and who no doubt spoke the established opinion of his age," does not hesitate to pronounce it to be a performance surpassing the genius of man, we find the following : "In cases of Jaundice, it is a bad symptom when the liver becomes *indurated*." It may be here remarked as a well known pathological fact, that Jaundice attended with Cirrhosis or Scirrhus of the liver, is necessarily all but hopeless, and this doubtless was the form of induration referred to by the sage philosopher of Cos, 450 years B. C.

In the sixty-second "Aphorism" we find the following : "When Jaundice supervenes in fevers before the seventh day, it is a bad symptom, unless there be watery discharges from the bowels." All the Greek authorities confirmed the truth of this prognostic ; but the Arabian physicians called it in question.

Galen, A.D. 200, in his Commentaries refers to the complications of the autumnal remittent fevers with Jaundice, and further remarks that, "when nature is unable to evacuate the bile, it is collected in the skin, and occasions *Jaundice*.

Definitions of Jaundice.—Copland defines Jaundice, as a yellowness of the skin and eyes, sometimes passing to a yellowish-green hue, or even to a greenish brown ; the urine of a saffron or deep color : the stools generally pale, and the course of the bile obstructed.

Murchison defines Jaundice as a yellowness of the integuments and conjunctivæ, and of the tissues and secretions generally, from impregnation with bile-pigment.

Budd defines Jaundice as a yellow color of the conjunctivæ and skin, arising from the presence of the coloring matter of the bile in the blood and tissues.

It may further be observed that the term "Jaundice" is derived from the French *jaune*, yellow ; and the term "Icterus" from the Greek, signifying the Golden Thrush, a bird with yellow plumage, the sight of which by a jaundiced person was believed by the Ancients to be death to the bird, but recovery to the patient.

Theoretically.—Passing over the history and definitions of this subject, we encounter two leading theories relative to the different forms of Jaundice, each having a host of supporters.

One theory is, that the seat of the disease is to be looked for in a disturbance of the functions of the liver; that it arises from abnormalities in the secretion, or excretion of bile; and that thus, it exhibits symptoms indicative of derangement of the liver.

The other theory is, that under certain morbid conditions of the system, substances are found in the blood, without the co-operation of the liver, which in color and other properties resemble the ingredients of bile, if they are not identical with them; but which only assumes a pathological importance from their quantity being in excess. But whichever theory be the correct one, this however we do know, that most, although perhaps not all cases of Jaundice, do rise from the re-absorption of the bile already secreted. As a general rule it is not a very difficult matter to point out the anatomical nature of the mechanical obstruction to the natural excretion of bile; as the experiments of Saunders in 1792, followed by those of Tiedemann, Gmelin, and others go to prove, that by applying a ligature to the *ductus communis choledochus*, "the common bile duct," Jaundice results from such obstruction, and the passage of the secretion into the lymphatics and veins follows. From these and other experimental investigations, coupled with the observations of many able men, Jaundice from re-absorption forms a fair starting point for further pathological study; and in all cases and forms of this affection, our chief object will be to search for all kinds of mechanical obstructions which tend to prevent the escape of the bile, or for other causes, which promote the passage of this fluid into the blood. Before however we proceed to investigate this pathological study, it may be as well to point out certain groups of symptoms, connected with other diseases, which may, to a casual observer, be mistaken for Jaundice.

Firstly—There is that anæmic condition of young women, known as Chlorosis, or the green sickness, easily distinguished however from Jaundice by a glance at the following tabular arrangement.

In CHLOROSIS the	In JAUNDICE
Skin. Is of a dusky-yellowish hue, or, the countenance, lips and tongue are deadly pale—a livid areola encircling the eyes.	The skin varies in color from a pale sulphur or lemon-yellow, through a citron yellow to a deep olive or bronzed hue.
Eyes. A pearly whiteness of the Conjunctivæ.	Conjunctivæ uniformly yellow, and in some cases, all white objects appear yellow.

Chest. Breathing hurried by slightest exertion, pulse small, frequent and quick; systolic bellows-murmur at base of heart, without any other indication of heart disease, or of leukæmia, hysteria, amenorrhea, and divers other forms of uterine and nervous derangements.	No particular derangement save the heart's action, which is considerably retarded—pulse falling to 50, 40, and even 20 strokes to the minute.
Digestion. Flatulency, acidity, and a singularly depraved appetite; chalk, lime, and other absorbents being greedily partaken of, and all accustomed food rejected.	Taste sometimes bitter, denoting the presence of taurocholic acid in the blood, flatulence, appetite varies—sometimes normal with a clean tongue, sometimes morbidly increased with a craving for shell fish, etc.
Feet. Frequently affected with œdematous swellings.	Never, except when connected with organic disease of liver or heart.
Urine. Pale and limpid, with no traces of bile-pigment.	Urine of a dark brown or saffron color, tinging the linen of the same color.
Alvine Secretions. Costiveness, sometimes alternating with diarrhœa.	Pale colored, of a clayey consistence and offensive.
Cutaneous Surface. Normal.	Frequently covered with urticaria, lichen, carbuncles, and vitiligoidea, and a distressing form of pruritus.

Secondly—There is that peculiar greyish-yellow waxen tint of skin, characteristic of organic visceral disease—and more particularly, that hitherto considered incurable complaint—cancer. This however is easily distinguished from Jaundice:—

By the absence of any yellow tint of the Conjunctivæ;

By the absence of bile-pigment from the urine; and

By the presence of marked symptoms of visceral disease; and, in the case of Cancer, of the Cancerous Cachexia.

Thirdly—We sometimes encounter a dusky or yellowish color of the skin in persons who have suffered long, or often from malarious fevers, and sometimes also in those whose systems have been poisoned by lead. This condition is likewise easily distinguished from Jaundice by the

Absence of the yellow tint of the Conjunctivæ,

Absence of the bile-pigment from the urine,

And the historic fact, of the patient having suffered from Malarious fevers; and of having lived in a Malarious district or Malarious country.

Fourthly—In a large number of cases of the so-called Jaundice of new-born infants, "The *Icterus Neonatorum*." or Yellow Gum: the yellow color which appears on the third or fourth day after birth is not (as many a sage monthly nurse will have it) due to Jaundice at all; but is simply the result of changes in the blood in the over congested skin—the vivid redness of the new-born babe fading away, as bruises fade, through shades of yellow, into the genuine flesh color.

Infants, however, are sometimes prone to attacks of real Jaundice, the symptoms and causes of which shall receive due consideration in its proper place.

The spurious form of Jaundice already referred to, is easily distinguished from a genuine attack by

The conjunctivæ being of the natural color.

The urine being free from bile-pigment.

The gradual fading of the yellow color of the skin after a few days. And by the infant appearing quite well, the bowels acting regularly, and the secretions being of a normal color.

Fifthly—To the close observer; that peculiar bronzing of the skin, arising from disease of the supra-renal capsules, known as Addison's disease; or that form of cutaneous disorder, known as leucoderma, is not very likely to be mistaken for an attack of Jaundice: it differs materially in the browner, or more dusky nature of the discoloration—

In being darker in some parts of the body, than others, such as the face, neck, hands, areola of the nipples, axillæ, penis and scrotum.

In the extreme anæmia, and frequent vomiting;

In the whiteness of the conjunctivæ; and

In the absence of bile-pigment from the urine.

Finally—There is a spurious form of Jaundice, which has occasionally been successfully feigned by soldiers and sailors desirous of deserting the flag of their country, which it would be well for those, who may be called upon to give an opinion to bear in mind—

In such cases the yellow color of the skin has been simulated by painting it with infusion of saffron, turmeric, rhubarb, broom-flowers, or soot: whilst the color of the urine has been heightened by taking Rhubarb or Santonine, as pointed out by Gavin in his treatise on "Feigned and Fictitious Diseases."

As a counterpoise to such a fraud, it will be found by close inspection—

That the conjunctivæ are white;

That no bile-pigment can be detected in the urine by the usual test;

[Bile-pigment can always be recognized by the so tainted urine staining the linen of a yellow or saffron hue, or by applying the *Nitric Acid* test as follows: Pour a small quantity of urine containing bile on a white plate, or on a sheet of writing paper, and carefully allow a drop or two of *Nitric Acid* to fall upon it—an immediate play of colors will be produced around the spot where the acid falls, passing from brown through green, blue, violet, and red, into a dirty yellow.]

That soap and water, or better still a weak solution of chloride of lime, will at once remove the yellow color from the skin; and that if the urine be colored by the use of Santonine or Rhubarb, it will be rendered blood-red by the *Caustic Alkalies* or their *Carbonates.*

SYMPTOMOLOGICALLY.

In proceeding to describe the divers symptoms of Jaundice, we may in *limine* observe, that the bile-pigment permeates most of the organs and tissues of the body. It first accumulates in the blood, and from thence is carried into every part of the body, circulated by that fluid; even the brain, bones, chambers of the eyes, and the fœtus in its mother's womb. The intensity of Jaundice varies more or less in different organs and tissues of the body. When Jaundice depends on simple obstruction of the bile duct—*ductus communis choledocus*—the liver is the organ most deeply colored, which often presents a deep olive color. Next to the liver is the skin; and next to the skin is the urine. In proceeding then to enumerate the various phenomena connected with Jaundice, we shall select as the basis of our description, that variety which owes its origin to a mechanical impediment to the excretion of bile, such as an obstruction in the common bile duct, as being the most simple form, and being less apt to be interfered with by disturbances of an extraneous nature. When such an obstruction takes place, the bile first shows itself after two or three days, by a yellow color of the conjunctivæ; by a saffron-yellow, reddish-brown, dark-brown, greenish-brown, or brownish-black color of the urine; by yellowness of the skin; by the exudation of bile-pigment through the sweat glands—particularly those in the axillæ—which tinge the linen of a yellow color; by a peculiar itchiness of the skin which is especially troublesome in the night time; by the eruption of urticaria, lichen, boils, and sometimes carbuncles; by derangement of the general sensations, with great exhaustion and debility, dejection of spirits, peevishness of temper, headache, and giddiness; sometimes by a bitter taste with a clean tongue; by a peculiar delusion of the sense of light, called Xanthopsy or yellow light—all objects seen by the patient are of a yellow color; by a retardation of the heart's action, which in its contraction falls to a greater or less extent below the normal standard, in the majority of cases to 50 or 40 beats, and now and then to still fewer. Frerich records two cases, in one the beats were only 28; in another as low as 21. The writer has met with three cases where the beats did not exceed 33 per minute. This is particularly noticed when the patient is in the recumbent posture. The cause of this slowness of pulse is supposed by some to arise from the presence in the blood of unchanged biliary acid salts, which exercise a specific paralysing action upon the heart, and retard its action—similar to that of *Digitalis*.

A slow pulse, however, is not a constant symptom of Jaundice, as many cases occur in which the normal standard is maintained throughout the whole course of the disease.

NUX AS AN ANTIDOTE TO OPIUM.

BY C. P. HART, M. D., WYOMING, O.

Our allopathic brethren have at last discovered what, if they had been attentive to the homœopathic law of cure, they would have discovered long ago, namely: that *Strychnine* is a perfect antidote to poisoning by *Opium*. Agreeably to this law, I have for years been in the practice of prescribing *Nux vom.* as an opium antidote, with complete success in all cases. As an illustration of this, the following case of poisoning by opium is noteworthy, as well by reason of the tender age of the patient, and the large amount of the drug swallowed, as on account of the promptness with which the dangerous symptoms were relieved, and the peril averted.

About 5 o'clock, P. M., July 23d, 1873, I was hastily summoned to attend to a two-year child of Mr. Frank Pendery, residing about two miles from here in the country; the messenger stating that it had swallowed a large amount of laudanum. On arriving at the house, I found the little patient *cold, insensible*, and in *strong convulsions.* The amount of laudanum swallowed—easily estimated from the size of the bottle —was about *two tablespoonsful*, or *nearly an ounce.* The child had vomited once, soon after taking the poison. Although in a state of insensibility, I tried to produce emesis by a mixture of salt and mustard, but failed to excite any action of the stomach; the mustard, however, produced a good effect, in conjunction with the hot bath, in helping to restore the capillary circulation. The convulsions followed each other in quick succession, the patient relapsing immediately, during the intervals,into the comatose state. I now prescribed *Nux vom.* θ in drop doses, *one drop every five minutes until the convulsions should cease.* This occurred in about two hours, the patient taking in all just twenty-three doses of the medicine. After the convulsive movements had subsided, sensibility and warmth were gradually restored; but the patient was purposely kept aroused, and not allowed to sleep, until nearly twelve hours after taking the poison. It then fell into a quiet slumber, from which it awoke about eleven o'clock the next day, bright and well as ever.

This case needs no comment. That the child's life was saved by the *Nux vom.* admits of no doubt; that the cure was strictly homœopathic is equally certain.

CHELONE GLABRA.—*Dr. Elias C. Price*, of Baltimore, Md. writes: "I had a case last autumn that verified the experience of Dr. A. R. Ball.* While attending a family for the ague the wife called my attention to her husband who had been suffering from the ague, had taken several remedies for it. After having succeeded in arresting it, by the advice of some one to prevent its returning, he had been taking for a considerable time a mixture of quinine, iron and strychnine. He had entirely lost his appetite and become so weak he could not sit up for any length of time. I gave him *Chelone Glabra* θ, five drops three times a day, which in four five days brought him right up, he has remained well ever since.

BROMIDE OF POTASSIUM in large doses, is credited by the *Homœopathic World*, with the cure of a spasmodic stricture of the sphincter ani. *Opium*, *Belladonna*, *Camphor*, baths, plugs, and dilatation had been previously tried without benefit.

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*American Observer, 1865—page 327.

Diseases of Women and Children.

THOMAS NICHOL, M.D., MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD

NO. XV.—ASTHMA.

The phrase Asthma is extremely vague and uncertain, and under it so many diversified pathological states have been included by the older physicians, that it would be a most difficult task to write an essay on the malady which would correspond with the definitions of Asthma given by the pathologists of a past generation. Even in the present day it is still used in a very loose sense, and yet no disease presents such a fixed and definite pathological state, though it must be admitted that few diseases present such diversity of symptoms.

Asthma then, as contradistinguished from dyspnœa with which even now it is often confounded, is a constitutional disease marked by paroxysmal attacks of difficult breathing, which may last for a longer or shorter time according to the violence of the exciting cause. All the best observers concur in stating that the paroxysmal dyspnœa,which is the most salient feature of the malady, is immediately dependent on spasmodic constriction of the smaller bronchial tubes, due to tonic contraction of their minute circular fibres. This dyspnœa is accompanied by a loud wheezing sound, a painful feeling of constriction round the thorax, marked anxiety, and a difficult cough which terminates by the expectoration of mucus in more or less abundance. This mucus expectoration, as a general rule, terminates the attack, and it varies much in appearance, in amount,and in difficulty in coughing up. The attack is not usually marked by fever, though the pulse may be accelerated and the temperature of the body heightened as compared with health. It will be noted that during the paroxysm the action of the respiratory muscles is stronger—and at the same time less effective—than in health.

To this definition it may be added that during the hours immediately succeeding the paroxysm, there is a remarkable diminution of urea and choride of sodium in the urinary excretion held by Drs. Parkes and Sydney Ringer to be due to an arrest of formation, but attributed by Dr. H. H. Salter to the starvation usually enforced after an attack. Asthma is not necessarily accompanied by organic disease of the heart or lungs, for according to the definition of Trousseau, "idiopathic asthma occurs independently of all demonstrable organic leison, in paroxysms of dyspnœa and oppression, which recur at more or less regular, more or less distant periods, in the intervals between which the respiratory functions generally recover their usual regularity."

The history of the various doctrines respecting this disease which have prevailed in the medical world, say since Morgagni wrote his famous *De Sedibus et Causis Morborum*, would fill a small volume, and would most effectually hide pride from man—especially from medical man. By Mayow, who was the first to write distinctly to show the true action of the diaphragm and intercostal muscles, it was supposed to be a simple spasm of the diaphragm—thus making it an impediment of expiration. By Willis—who gave name to the "Circle of Willis"—it was supposed to be a spasm of the muscular coat of the bronchial tubes, while Munro of Edinburgh imagined that the spasm had its seat in aretynoid muscles—both of which opinions made it an impediment of inspiration. Other observers mistook effects for causes. Thus Dr. Bree considered that the paroxysms of asthma, whatever their inmost nature might be, were excited by morbid secretions in the bronchia; Watson fancied that they were produced by accumulations of air in the cellular tissue; while Baillie and Lænnec—two great names in the annals of pathology—thought that the disease arose from accumulation of air in the air-cells of the lungs. Others, as Rostan and Paschal, noting that what they called asthma was frequently accompanied by organic diseases of the heart and lungs, came to the conclusion that it invariably resulted from that cause. The distinguished Cullen ascribed asthma to dilatation of the pulmonary vessels, and Bretonneau thought that the dyspnœa of asthma was due to a violent congestion of the lungs.

A host of physicians, even in our day, confound *dyspnœa* with *asthma*, heedless of the warning of Sir Thomas Watson: "I scarcely need caution you against the vulgar error of calling all kinds of difficult breathing by the name of asthma. You will be constantly meeting with persons who, laboring under some permanent embarrassment of the respiration, tell you they are asthmatic. They conceive that asthma is simply an inconvenient, and not at all a dangerous affection; and they please themselves with the notion—consumptive patients and their friends do this continually—that they are *merely* asthmatic. Asthma *is* dyspnœa, but dyspnœa is not *necessarily* asthma." Dr. Von Bamberger, of Wurzburg, has lately revived Mayow's diaphragmatic theory, and he contends that by far the most frequent and powerful agent in the production of asthma is spasm of the inspiratory muscles, especially of the diaphragm.

The modern view, now almost universally held by pathologists, is well expressed by Dr. H. H. Salter in the following series of propositions:

1. That asthma is essentially, and, with perhaps the exception of a single class of cases, exclusively a nervous disease; that the nervous system is the seat of the essential pathological condition.

2. That the phenomena of asthma—the distressing sensation and the demand for extraordinary respiratory efforts—immediately depend upon a spastic contraction of the fibre-cells of organic or unstriped muscle, which minute anatomy has demonstrated to exist in the bronchial tubes.

3. That these phenomena are those of excito-motory or reflex action.

4. That the extent to which the nervous system is involved differs very much in different cases, being in some cases restricted to the nervous system of the air-passages themselves.

5. That in a large number of cases the pneumogastric nerve, both in in its gastric and pulmonary portions, is the seat of the disease.

6. That there is a large class of cases in which the nervous circuit between the source of irritation and the seat of the resulting muscular phenomena involves other portions of the nervous system besides the pneumogastric.

7. That there are other cases in which the source of irritation, giving rise to the asthmatic paroxysm, appears to be central—in the brain; consequently, in which the action, though excito-motory, is not reflex.

8. That there is yet a class of cases in which the exciting cause of the paroxysms appears to be essentially humoral.

Trousseau characterizes asthma as follows: "It may be justly admitted therefore, with Willis and Cullen, that asthma is a nervous affection; that the paroxysms of dyspnœa which characterize it are probably the result of a spasmodic constriction of the bronchi, which, by narrowing for a time the calibre of the tubes, prevents the free circulation of air through the lungs, and gives rise to all the phenomena which follow." It may be added that this spasmodic disorder of the excito-motory system of nerves may be either of eccentric or centric origin. In the eccentric form the pneumogastric is unquestionably the nerve which receives the morbid impression and transmits it to the medulla oblongata, whence it is reflected on motor nerves to the minute bronchial tubes. In the centric variety the morbid impression originates in the nervous centres in response to certain mysterious feelings of the mind. But not every spasmodic constriction of the bronchial tubes is entitled to be called asthma, for a very appreciable constriction is a prominent symptom in the severer forms of bronchitis, but here the inflammatory element predominates so much as to determine the character and therapeutics of the malady. It is only when the spasm is the predominant affection that it takes the name of asthma, even though a certain degree of inflammatory action may co-exist, as it often undoubtedly does.

Is asthma really a disease of young children? On this point authors differ very much. Dr. George B. Wood, of Philadelphia, says that it "rarely attacks young children," and Dr. James Copland is still more decided in the expression of his opinion,—"Asthma is not a disease of early life, in its primary or idiopathic form. I have seldom or ever seen it before the 23d year of age. Some authors state that they have met with it in infancy and childhood; but I believe that they have confounded this affection with other diseases of the respiratory organs, and particularly with those to which young children are liable, and which has been termed spasmodic croup, Millar's asthma, by several modern writers, and its nature very generally misunderstood. I believe that affections of the respiratory apparatus in children, which are not connected with inflammation, are generally symptomatic of disease of some other organ."

In opposition to these great names, Dr. Hyde Salter gives the following table, showing the relative frequency with which the disease appears in the successive decades of life :—

During the first year,	9	19
From one to ten,	10	
From ten to twenty,		8
From twenty to thirty,		7
From thirty to forty,		6
From forty to fifty,		3
From fifty to sixty,		4
		47

Here we find that fully 40 per cent. of cases have their first paroxysms during the first decade of life, and very nearly 20 per cent. during the very first year. And it seems that asthma is less and less likely to occur as life advances to old age, when there is a slight increase. It must be noted that this is not a table of the number of asthmatics at different ages, but of those who have *become* asthmatic at those respective ages—it is a table of the relative frequency at the different periods of life of *the first access* of the disease. In another series of thirty-eight cases reported by the same observer, the first paroxysm occurred in *seven* during the first year of life—a proportion which closely corresponds with that given on the foregoing table. In one of these cases the paroxysm made its appearance when the child was *fourteen days* old; in another at *twenty-eight days;* in a third at *three months;* in other three cases *during the first year*, and in the seventh case *at one year*.

Dr. Aitken remarks that "many of the best marked and purest asthmatic cases date from early infancy—so early in some that it were difficult to say the disease was not truly congenital," and Dr. Gerhard, of Philadelphia, says that "all, or a large number of the children of one family are often subject to attacks of it upon exposure to slight exciting causes." I have seen a large number of cases of asthma, and am firmly of opinion that a larger number of patients are first affected during the first decade of existence than in any equal subsequent period.

The question of hereditary descent is closely connected with that of the early appearance of the disease—the latter almost being an essential corollary from the former. Gerhard says that "this disease. like most other chronic affections, is in a great degree hereditary," and Aitken thinks that "it is evidently very often dependent upon hereditary transmission and comformation; and in all such cases of its early development there is a history of its inheritance." Mr. Pridham of Bideford, England, found that it was of hereditary origin in nine out of ten cases carefully investigated by him, and out of thirty-five cases in which Dr. Salter noted the family history he found distinct traces of inheritance in fourteen—just 40 per cent. It will be noted that this closely corresponds with the number of cases in which asthma is developed during the first decade of life. The inheritance was sometimes direct, sometimes collateral, at times immediate, at times remote, as will be seen from the following list:

1. Inherited from the father.
2. Father a confirmed asthmatic.
3. Inherited from the father.
4. Father a confirmed asthmatic, brother suffers from hay asthma.
5. Grandfather a confirmed asthmatic.
6. Brother and paternal grandmother asthmatic.

7. Father, two paternal uncles, and paternal grandfather.
8. Inherited from father, paternal sister died of it.
9. Father died asthmatic at forty-seven.
10. Several indirect branches of the family asthmatic but neither parent.
11. Mother slightly asthmatic, maternal grandmother severely.
12. Grandfather now suffers from asthma.
13. Grandfather and uncle both asthmatic.
14. Sister and paternal grandmother asthmatic, brother with hay asthma.

As to sex, all agree that men are more subject to it than women, and that in the proportion of two to one ; but these proportions do not hold good in the asthma of infancy, for, during this period of life when the lungs are not likely to be organically affected and when the nervous system is most excitable, *the female cases actually outnumber the male.*

As might be expected, the nervous and irritable temperaments are most liable to the affection—the melancholic and sanguine-melancholic coming next.

It is exceedingly difficult—in fact, altogether impossible—to give a lucid statement of the *predisposing cause* of asthma. The most that can be said is that it apparently consists of a peculiar modification of the nervous centres, or of the pneumogastric nerve, or of the minute nerves of the bronchial tubes themselves, which throws them open to the invasion of the exciting cause, the influence of which is then reflected upon the minute bronchial tubes.

The *exciting causes* of asthma may be classified as follows :

Class 1. All those cases in which the lungs are directly attacked, as in asthma from dust, smoke, sulphur, phosphorus—and also from certain conditions of the atmosphere. Cases resulting from blood-poisoning, as in asthma from urticaria, belong to this class.

Class 2. All those cases which acknowledge a reflex source of their development. Of these there are three varieties : (1.) Those arising from the application of cold ; (2.) those in which the malady results from an error in diet or follows a hearty meal; (3.) asthma resulting from emotions.

Class 3. All those cases which complicate, or rather result from, bronchitis, disease of the heart, or emphysema of the lungs.

Topical impressions are a very common cause of the asthma of children, and a paroxysm often results from the dust raised by sweeping a room or making a bed, and in many cases the smell of a lucifer match is evidently the exciting cause. Sleeping on a feather bed excites a paroxysm with some children, but the same child in whom a very slight exposure to dust or irritating vapors will excite a paroxysm at one time will escape from a worse exposure at another. Bæhr remarks: "it is certainly a supposable case that the attacks can be excited by the direct action of irritants upon the lungs, more especially by vapors and dust; but it is strange that this irritation does not seem controlled by any law."

Asthma is so often associated with the rheumatic diathesis that Dr. George B. Wood, of Philadelphia, thinks that it is often identical with it, and that the paroxysm is often nothing more than an attack of rheumatism affecting the respiratory organs, and all experience teaches the truth of Dr. E. E. Marcy's observation of the direct connection between an attack of urticaria, but partially developed, and then suddenly suppressed, and asthma. "Indeed it may be safely asserted, that a majority of the cases of true asthma, are attributable to this or some other miasm, which has been thrown, from some exciting cause, upon some portion of the respiratory apparatus. We are confirmed in this opinion, from the fact that in several instances where an attack of asthma has been seriously threatened, and even commenced, we have been able to cut it short by administering a remedy like *Puls. Bry.*, and *Cup. acet.*, which had the effect to develope the nettle rash, and thus relieve the air passages."—*Marcy*

Of the exciting causes of asthma, exposure to cold is unquestionably the most influential, and Sir Thomas Watson's remark has all the force of an aphorism—"all the known existing causes of catarrh are likely to bring on attacks of asthma in the predisposed." Cold acts in three different ways; as a local irritant, when cold air is inspired; as a stimulant to the peripheral nerves of the skin, producing bronchial spasm in a reflex manner; and by provoking bronchial catarrh, in which case after two or three days, the asthma comes on.

Dr. Ruddock thinks that a leading cause is irritation of the nerves of respiration resulting in most cases from *deranged digestion*, from the intimate nervous connection existing between the digestive and the respiratory organs, and I have noted that this cause is especially influential with young children. Prominent among the offending articles of food are cheese, salted meats, condiments, nuts, almonds, raisins, and sweet things generally.

Alarm and mental agitation of any kind form another leading group of exciting causes, and the dread of an expected paroxysm is very often instrumental in bringing it on. Violent and prolonged laughter, such as comes on in many children in irresistible gusts, is a prominent cause, and it seems to provoke asthma by inducing a condition of extreme expiration—a state eminently favorable to asthma. It also tends to produce congestion of the lungs, and thus induces the paroxysm in another manner.

The asthma of children is most frequently of the catarrhal form, though the signs of bronchial inflammation are by no means very evident. The attack may be preceded by catarrhal symptoms, though it often happens that they are altogether absent, and sometimes, but rarely, it happens that the catarrhal state is present without the asthma. Sometimes the child feels languid and heavy, and complains of headache and fulness over the eyes, and this state is accompanied by pressure and fulness in the episgastrium. This is the account of the premonitory symptoms given by children old enough to describe them, and younger children evidently suffer in the same manner. As the paroxysm approaches, its advent is marked by an extreme drowsiness and sleepiness, and this may be regarded as an integral part of the attack for it is really the beginning of the nervous state of which the succeeding nervous phenomena are but the complete development. Suddenly the dyspnœa comes on—a true smothering, a frightful feeling of suffocation, with a vivid impression of impending death. The bronchial spasm has now commenced and it will be more easily understood if we reflect that *air is in the lungs but cannot get out*, and this dreadful oppression of respiration is the result. The paroxysm usually comes on after midnight, say at one or two in the morning, and at once the little patient starts into the erect posture, breathing with extreme difficulty, the dyspnœa being accompanied by a whistling sound in the larnyx and trachea. As the anxiety and dyspnœa increase, the sufferer sits with the head bent forward, the shoulders raised and the arms stretched out. At the same time the face is turgid, sometimes reddish or bluish, with open mouth and prominent eyes. The distress is now so extreme that it seems as if the patient could not possibly live, for the skin is cold and clammy, while the hands and feet are quite cold and bathed in cold perspiration. So pressing is the necessity for fresh air that the patient will stand for hours at an open window, and it is remarkable how long such an exposure can be borne with impunity. At times the pulse is not disturbed, but in many instances the palpitation of the heart is quite violent, and the pulse is weak, quick, irregular,and often intermittent. During the paroxysm the urine is pale and abundant, as might be expected from the nervous nature of the complaint, but towards the close it is scanty and high colored, sometimes depositing a thick sediment. At intervals there is a little effort at coughing, but the patient has no breath to spare, and for the same reason, speech is slow and interrupted. Often this state lasts for several hours, and relief comes with easier cough and expectoration of mucous, the breathing becomes less laborious and more perfect and finally the little patient falls into a sweet sleep.

T. N.

(*To be continued.*)

WET NURSING.—In France the average mortality among infants of a year old is 2%.

Obstetrical Observations.

MANUAL COMPRESSION OF THE UTERUS DURING LABOR.

BY PROF. L. LEHMANN.

Crede first taught us the bimanual compression of the fundus uteri in the direction from above downward for the expulsion of the secundines,and *Kristeller* was the first to recommend the same manipulation to facilitate labor when pains are absent or slow in their action. If we can believe the words of Kristeller, uncivilized nations, and among others, especially the Japanese have used for a long time such a procedure in their midwifery, by stamping rather roughly on the abdomen of the lying-in-woman. Lehmann narrates the following cases:

M. K., 37 years old, in her ninth pregnancy. Labor set in during the morning, and the waters escaped. Though the pains were weak, the os uteri was fully opened and the head could be felt in the first occipital position. At 7 P. M. when the doctor saw her, everything was normal, only the patient felt restless and anxious on account of the long duration of the labor. The forceps might have been indicated, but the Doctor considered it a case for the *expressis manualis*, a still more simple procedure. The patient was put in the usual position, or on her back with extended thighs, and L. embraced the fundus uteri with both hands and used for about half-a-minute pressure from above downwards, gradually increasing in strength. At the same time the mother was advised to aid in this manipulation by abdominal pressure. After two or three minutes the procedure was repeated. After the third compression the head emerged from the vulva and the trunk followed soon afterwards. The placenta was also expelled a few minutes later by the same process; after which the uterus became fully contracted.

J. C. K., 23 years old, primipara. At 10 A. M., the fundus stood yet high above the navel, and on the right side of the fundus the head of the infant could be easily felt through the thin walls of the uterus; the sounds of the heart were heard on the left side above the navel, and in the partly dilated os uteri the amniotic sac was felt at the superior strait. The pains were normal: after half an hour the waters escaped, and the first breech presentation could be easily made out. The pains got weaker, and after a few hours they stopped entirely. At 7 P. M., the woman had no pains whatever, pulse and temperature were normal, and the os uteri was not very tightly around the the fœtus, and the sounds of the fœtal heart could still be heard on the left side of the abdomen, and the breech stood in such a manner, that the right half stood posteriorily somewhat deeper than the left one. No meconium passed, L. preferred the *expressis manualis* to the use of the blunt hook. For about half-a-minute strong manual compression was exercised on the fundus uteri, and the woman advised to bear down at the same time. The process was several times repeated, and at the fourth compression the circumference of the abdomen decreased, the breech with part of the body was out and the arms and head were easily extracted.—*Schmidt's Jarhb. 7, 1873.*

POSITION IN LABOR.

BY H. GIBBONS, M.D.*

Professor Dewees, of the University of Pennsylvania, was one of the creators of obstetric science. His methodical mind subjected everything to strict rule. When I entered the profession, I was fresh from his tutelage, which required that women in labor should lie on the left side. One of my first cases kept me at the bed-side all night, resisting the importunities of the patient, who was desirous to get on her knees. The pains were severe, but with slow progress. I insisted on the orthodox posture, and did not dare to permit a change.

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* Read before the San Francisco Medical Society.—(*Pac. M. & S. J.*

At dawn of day I ventured to leave the bed-side for a few minutes, to breathe the morning air, with the prospect of half a day's imprisonment still before me. I sauntered away about a hundred yards—it was in the country—when the husband came running with lively gesticulations and calling for my return. I hurried back to hear, on approaching the door, the discordant music which is often so agreeable both to doctor and mother. The woman, the moment my back was turned, climbed on her knees, with her elbows on a chair, and forthwith the baby dropped out.

Thenceforward Dewees was repudiated on the question of posture, and I submitted to the desire of the patient, or to accident, or was governed by my own convenience. In short, my rule has been to observe no rule. Finding that in a majority of cases women and nurses had fixed the wrong side of the bed, I thwarted that perverseness by learning to use the left hand. If the patient had a decided preference for the back, I allowed that posture. I have often met with women who could not lie on either side without much needless suffering. In tedious labors I have frequently shifted the posture. I have often requested the patient to rise and walk the room. These changes and expedients serve at least to amuse performers and spectators and to diversify the most monotonons and wearisome passages in the life of a practitioner.

These thoughts have been suggested by the perusal of a paper on "Position in Labor," read before the Iowa State Medical Society, by J. W. Smith, M.D., and published in the Chicago *Medical Examiner* for July. Setting out with the propositions that the fundus of the gravid uterus, in its normal state, is movable in nearly all cases to a certain extent, when not obstructed, and that, in the commencement of labor, it is tilted slightly out of the direct axis of delivery, Dr. Smith concludes that labor will be expedited in such cases by placing the woman in that position which will favor the gravitation of the fundus into the direct axis. By passing the fingers around the presenting portion of the uterus, between the pains, he ascertains "which side of the pelvis is most filled or pressed upon by the presenting part," and places his patient on that side, so that the fœtus shall gravitate toward the opposite side. The head should be low, and the arm placed under the body, or behind, as when the speculum of Sims is introduced.

Dr. Smith also derives much aid from external pressure with a bandage, in obliquities, pendulous abdomen, uterine inertia, etc. If the presenting part crowds upon the sacrum, the patient is placed on her back, and if towards the symphisis pubis, on her knees and face. By observing this course, Dr. Smith claims that labor will be facilitated in nearly every case. Since adopting it, his obstetric cases have averaged only about half the length of time they formerly did. A number of instances are adduced in which tedious labors were speedily brought to a close by changing the position conformably to his views.

Though we may not be inclined to admit all that is claimed by Dr. Smith for position, yet his plan appears to me to be worthy of consideration and of trial. Anything that promises to shorten the pains of labor and the dreary imprisonment of the accoucheur, deserves attention.

PERSISTENT HYMEN NOT AN EVIDENCE OF VIRGINITY.—Dr. Gray, in the *Glasgow Medical Journal*, quoted in the *Philadelphia Medical Reporter*,(*Pac. M. and S. J.*) describes the cases of two women who had been married 24 and 10 years respectively, without having borne children, in whom the hymen was found intact, and the vagina distended in a pouch by the frequent attempts at coition. These two cases, he thinks, are sufficient to prove that, " even under circumstances the most favorable for its rupture, the hymen may remain intact ; and if we remember that in cases of attempted rape the circumstances are less favorable—any struggling on the part of the female having a tendency to prevent perfect penetration—we are, we think, warranted in inferring that in such cases the proportion of those in which the hymen is not destroyed must be considerable."

Still further, however, to strengthen this position, Dr. Gray relates the particulars of three cases in which the hymen was found persistent in prostitutes. These three cases were found among about 1,500 who, within the last few years, have applied for admission to the Glasgow Magdalen Asylum, Lockburn, Maryhill ; and should subsequent experience establish this as the precise proportion, viz. : 1 in 500, it will considerably affect the significance of persistence of the hymen as an evidence or a sign of virginity.

FEMALE PROFESSORS.—The University of Bologna has had. three female professors in its Medical Faculty : Dorotia Bacca, Professor of Medicine, in 1400 ; Anna Mazzolini, Professor of Anatomy, 1760 ; and Maria della Donne, Professor of Midwifery, in 1800.

Climatology.

OZONE—NEW DISCOVERIES.—(*Pacific Medical and Surgical Journal.*) The ghost of Schönbein has been caged at last. For a score of years this mysterious agent, half material and half spiritual, perplexed the adepts in chemistry, and evoked theory after theory in the vain endeavor to arrest it and subject it to law. All that its discoverer accomplished was to demonstrate a shadowy existence for it, and to devise some chemical tests of its presence. In the *London Lancet*, for August, is an editorial article, giving a short sketch of its history, and explaining the mode in which Professor Odling and Sir Benjamin Brodie, among others, recently succeeded in bringing it among the tangible substances in chemistry. It appears that Schönbein's investigations were entirely qualitative, and that he never attempted weighing and measuring. By passing electricity through pure, dry oxygen, there is a contraction of volume, amounting as a maximum to one-twelfth of the original measure. That the residual gas possesses certain peculiar oxidizing properties, different from pure oxygen, and that it has a peculiar odor, was everything that could be said of it. Chemists had to content themselves by guessing that it was an allotropic form of oxygen. Its name—ozone—simply indicated that it had a smell—nothing more. But the quantitative experiment, just mentioned, furnished the key to more definite results. When the oxygen thus ozonized by electricity was heated, the gas was restored to its original volume, and again became pure oxygen.

Now, the problem was to abstract the ozone from the ozonized oxygen, and thus determine its volume. Advantage was taken of the affinity of the ozone for mercury, and by shaking the gas and the metal together, the latter was oxidized by abstracted the ozone, and pure oxygen was left as the residue. But the surprising feature of the process was that there was no diminution of volume in the gas by the abstraction of ozone. The mysterious agent had occupied no space. The same result precisely attended the use of iodide of potassium and other agents capable of being oxidized by ozone.

"It was at this embarrassing stage of the investigation that Professor Odling came forward with what has since proved to be the true explanation of the apparent absurdity—the true theory of ozone. He pointed out that these experiments could only be explained by assuming that ozone was a more condensed form of oxygen, and that when mercury or iodide of potassium was oxidised by it, those substances really removed only a portion of oxygen—that portion, in fact, which had previously been condensed. He suggested that, whereas ordinary oxygen contained two atoms in each molecule, ozone might contain three in a molecule of equal volume. Hence the formula for ozone should be that which is now universally assigned to it—namely, $O3$. When mercury is oxidized it takes up only one atom of oxygen, leaving $O2$, which has the same volume as $O3$.

"If this ingenious theory be correct, it is obvious that ozone should be half as heavy again as oxygen—should have, in fact, a specific gravity of 24, as compared with hydrogen. The verification was not long in coming. Soret, in 1865, lighted on a substance—oil of turpentine—which had the property of absorbing, not one atom, but the *whole molecule* of ozone. Following the imaginary illustration used before, he found that, if the 92 volumes of ozonized oxygen were treated with oil of turpentine instead of mercury, the volume was reduced to 76, showing that 8 volumes of oxygen which had disappeared during the formation of the ozone must have combined with 16 more volumes of oxygen to form 16 volumes of ozone, and that ozone was therefore really half as heavy again as oxygen. Soret also determined the density of ozone by a method of diffusion, with substantially the same result."

Following up the enquiry, Sir Benjamin Brodie, after several years of labor and study, has confirmed the foregoing theory. He discovered that chloride of tin and hyposulphite of soda, as well as oil of turpentine were capable of absorbing the whole of the ozone and the results all agreed in giving for ozone a density of 24. It is surmised that not only will there be discovered some ready applications of the agent to practical purposes, but that it will open the door to new views on the subject of chemical constitution.

FLORIDA.—We are applied to for further information respecting Florida, and the results of our observations there in May 1873, but we cannot attend to these inquiries this month.

ATLANTA, GEORGIA.

DEAR DR. LODGE:—As one of your objects is to keep your readers informed as to the climatology of the different regions of the country, I have concluded to give you a few notes concerning this locality.

Atlanta, in northwestern Georgia, is a railroad centre, at an altitude of 1050 feet above the sea level. It is one of the highest railroad points between the Atlantic ocean and the Mississippi river, and is upon a ridge distant some miles from any river or creek. Within the city limits are a number of cold springs of excellent freestone water, and the water of the wells is generally of the same quality. Where it varies it is generally slightly chalybeate. Several springs in the vicinity, however, have highly medicinal properties, and have obtained considerable reputation as curative in a variety of affections.

The population having now grown, from a few hundreds at the close of the war, to about 30,000, water works have become a necessity—more for purposes of sewerage, etc., than from any deficiency of supply—and arrangements are being made accordingly.

What will interest your readers most to know is, that this is a sort of half-way point for those going further South, or returning thence. There is a season in the fall, and also in the spring, when this is greatly preferable for invalids or pleasure seekers to Florida, or other points further South; and as this is upon one of the great routes of travel, many spend a portion of their time in going and returning between the Northern and Southern States. Partly in contemplation of this was built the six-story hotel (the H. J. Kimball House), which you remember was scarcely completed at the time of your visit here.

In point of health—as a place at which to reside the year round—you know my opinion is that it cannot be surpassed on the globe. With the high elevation, there is a pure and bracing mountain air which is quite in contrast with the debilitating climate of more southern and depressed lands in summer; and the winters, while attended with some severe weather, are open and quite endurable. Indeed, there are but few occasions during the winter when a lady who is at all enterprising, is detained in doors for two days at a time.

While the thermometer may reach 90° during a few of the hottest days of summer, the nights, even then, are generally comfortably cool. In winter, during the coldest snap, the thermometer may mark as low as 10° for a very short time. During midwinter it is not uncommon to have short seasons during which it is pleasant to sit with open doors and windows, and violets bloom, with little interruption, during the winter.

There are no diseases peculiar to Atlanta; we have only such as are common to all parts of the country. No epidemic has ever prevailed here. There are no malarial affections, but there are many persons who resort here to overcome those contracted at other places. No season is known as the sickly season. While one month in the year may produce more sickness than any other, it does not happen to be the same month in two years in succession. A white man may work out of doors throughout the year, and enjoy as good health as at any place in the world.

Although the country in the vicinity is poor, as is the case generally with places noted for healthfulness, the market is well supplied from a wide range of more distant country, with all kinds of articles of necessity and luxury—embracing the fruits of the West Indies, and the fish and oysters, etc., of the ocean and of the Gulf of Mexico.

With these advantages as a place of residence, and with the inducements offered to manufactures in many branches, the place has grown rapidly, and is still growing. A large number of people from the North and West have domiciled here. In fact the population is composed of contributions from all parts of this, and from many parts of almost all other countries, and this has an attractive air to the cosmopolite. Altogether, the attractions of the place make it well worthy a visit from those of your readers who may be contemplating a sojourn for health, or a permanent change of residence with a view to a more genial clime.

Before closing I shall anticipate and answer one question: "Is the climate changeable?" Yes, and is all the better for it. No greater or more popular fallacy exists than that a changeable climate is an unhealthful one, and that the most desirable is a climate of unvarying temperature. The most healthful regions are those in which changes are frequent. Who would wish to live in that state of stagnation which belongs to a never varying temperature. The truth is that changes, within moderate limits, to a healthy person, are only a natural stimulus, and contribute to vigor of system; and lethargy and inactivity are the characteristics of those who reside in an unchangable climate. From observation I know that the changes which it is thought will inevitably give rise to sickness are not followed by it, as expected. The change that makes one person sick often restores others. Prescriptionists as well as physicians will attest that it often happens that the greatest activity in our profession is during a a long continuance of one kind of weather. With us changes are somewhat frequent, but generally moderate in degree.

Very truly yours, F. H. ORME.

We thank Dr. Orme for the above interesting paper. We remember our visit to Atlanta, in the month of November with great pleasure. Leaving a chilly and debilitating atmosphere in Michigan, we found a pleasantly warm and a particularly invigorating one in Georgia.

By reference to the excellent charts, which accompany the *Vital Statistics* volume of the U. S. Ninth Census, 1870, as prepared by our esteemed friend A. De Witzleben, Esq., of Detroit, we find that in the region around Atlanta :

Mortality	from	Consumption	is only 550 to 900 in 10,000 deaths.
"	"	Malarial Diseases	is only 250 in 10,000 deaths.
"	"	Enteric, Cerebro-spinal and Typhus Fever	is only 900 to 1400 in 10,000 deaths.
"	"	Intestinal Diseases	is only 550 to 900 in 10,000 deaths.

Average	Temperature	for	Spring	is 60°	rainfall 12 in.
"	"	"	Summer	is 77°	rainfall 14 in.
"	"	"	Autumn	is 63°	rainfall 10 in.
"	"	"	Winter	is 45°	rainfall 12 in.
"	"		For the year	is 61°	rainfall 48 in.

Florida has a drier atmosphere and a better *winter* climate ; Atlanta has a mountain breeze and a better *summer* temperature. Western Texas has a very pure, dry atmosphere, but the drawback of the Northers, which in winter are severe and trying. E. A. L.

MORTALITY OF THE UNITED STATES.—The *American Journal of the Medical Sciences* has the following comments on the vital statistics of the United States, gleaned from the census of 1870 :

While not doubting that Idaho possesses a most salubrious climate we do not believe that one-third of one per cent.—0.33 per cent.—fairly represents its mortality. Nevertheless, on noting the returns of States and Territories somewhat older and with well-established society, we cannot doubt the comparatively greater salubrity of the great Northwest over the other portions of the Nation. Especially do we thus believe when we find the returns not increased but diminished since 1860. Colorado, 0.94 ; Dakota, 0.71 ; Montana, 0.90 ; Wyoming, 0.81 ; all these may not be deemed conclusive, because, like Idaho, they are young, and, perhaps, still somewhat chaotic communities, and have no previous returns as terms of comparison. But when we see Michigan reaching, by successive reductions, 0.94 ; Iowa, 0.81, also less than before ; Wisconsin, 0.94, having scarcely varied during three censuses ; Nebraska, 0.81, after 1.32 in 1860 ; and when we notice Minnesota reaching only 0.80 by a very gradual increase from 1850, with Oregon 0.69, after a similar progress, we are disposed to admit the plausibility at least of the claim to peculiar salubrity put forth by the people of these regions. Moreover, if we are correct in the explanation previously given of the low percentage presented by some of the Southern States, the mortality of these, and consequently of the Nation, should be stated higher, thus still further heightening the relief in which the favored regions stand. We will briefly state the percentage of mortality in some of the less favored States, omitting some that have been mentioned as probably underrated : Louisiana, 2 ; Virginia, 1.24 ; Missouri, 1.63 ; Maine, 1.23 ; Massachusetts, 1.77 ; Connecticut, 1.26 ; New York, 1.58 ; Pennsylvania, 1.49 ; New Hampshire 1.35 ; Illinois, 1.33.

Reviews and Book Notices.

Cleave's Biographical Cyclopædia of Homœopathic Physicians and Surgeons. Philadelphia: Galaxy Publishing Company, 1873.

I have been in tribulation. I am delivered therefrom. *Gloria!* Why have I been in trib.? Because I am a philosopher—that's my natural gait. How was I tribulated? Thusly: the Galaxy Publishing Company neglected to forward a copy of the B. C. to my humble abode "with the editor's compliments." Having been assured by said editor (in letter, well, I have forgotten the number), that *my* life must be, and would be, had regardless of expense; of course, I was anxious to see the book; a very pardonable desire when you are informed that my wife fails to discern in me that greatness which is so evident to others. Mrs. Socrates was very like my wife in this respect, and this home experience it is which helps to make Mr. Socrates resemble me. I may, however, venture to add that I have more force of character than had Mr. S., for, on occasion, I *can* make Mrs. Muller "dry up," and *he* never dared to try that on his rib. To have read my "Life" by so distinguished a biographer; to have had virtues and "points," of which I am not aware, showed to her as being palpably existent in me would have confounded the disparaging Mrs. Muller, and have proven a triumph worthy of a philosopher. But alas! the Postmaster did not say: "Dr. Muller, here is a volume which I could not put into your letter-box;" and, though day after day flew by, the express man did not stop at my door. Suddenly it dawned upon me, "They are not giving away $15 books for review." To what straits is virtue reduced! I called on my triballed uncle, and solicited an XV on my watch—a good one, for my father had proven its qualities for forty years. "Twenty shillings." O Shylock!

In our village is a wealthy spinster of fifty-eight summers. I went to her and sought to borrow fifteen dollars, and I carried my obstetric bag to leave as collateral. Miss P. advanced the money. As I was going out of the hall it occurred to me that I might want the instruments on occasion, and I said, "Miss P., if I have need of it in a case of labor, I suppose,"— "In what?" said she. "In a case of labor,—childbirth." She screamed, pitched my bag down the stoop, demanded her money, and so surprised me that, forgetting my usual prudence in money matters, I gave it to her. Above the slam of the door I heard, "horrid beast." Eheu! thought I, the milk of human kindness has curdled in the heat of fifty-eight summers, and she is soured by a surplus of Swan's Lactic Acid. On getting home I found the bottle for chloroform and that for the *c. c. m.* of *Secale cor.* broken by the rash hand of that refined maiden.

Jubilate! Dr. Q. sends the book:—"Dear Muller,—Having received an early copy of the B. C., and having not a moment to spare, thought you might like to read it, etc."

Dr. Q., is one of those suspicious, always-driven-to-death practitioners "of whom the world is not worthy." I turned to the index, letter Q; "*Dupuytren Laennec Q.*" Ah, Dr. Q., your disinterested kindness is a credit to human nature.

By the merest chance my eye strayed among the M's. I wiped my glasses. NO MULLER THERE! O Himmel! if Mrs. Muller sees this book the coarseness of her nature will lead her to make some very unpleasant remarks, and here I am, dear reader, writing a notice of the work for your delectation long after my non-appreciative helpmate has gone to bed.

Before I consider the volume, I think a paragraph is due to myself, for I cannot fail to perceive how incomplete the B. C. is without my Life. In regard to the remarks which I shall make concerning myself, it will be obvious to all that I am not actuated so much by a desire to exalt the *ego* as by a profound concern for the "future historian," whose chagrin at not finding my life included I can easily imagine. And I wish to be understood as declaring, that in tender regard for the "future historian" I am not willing to stand second to even Mr. Cleave. If I did not know my cotemporaries I should say nothing about my own life; but of all in our school only Dr. McClatchey could do my life, and he cannot write my life because he is too busy writing his own ("with his own paint well laid on;" *vide* Cleave's Circular.) McClatchey could be my Boswell, but as his "partikiler wanity" is himself, I must go into the grave "unhonored and unsung," unless I attend to myself, and this I am impelled to do by that holiest of instincts, which is embodied in the maxim, *self-preservation is the first law of nature*—and I am emphatically a law-abiding man. (Candor compels me to admit that McClatchey resembles me in this respect.) Be it known, then, to the "future historian"—some unborn Middleton—that my life appeareth not in the B. C., because I am the victim of misplaced confidence.—Cleave wrote to me that *nolens volens* my life was going in. In fact his first circular made me feel that it were as futile to attempt to escape from him as it would be to get away from a first-class deputy sheriff; and from that moment I regarded Cleave as a sort of special Providence who had my life in his hands.

Now the child-like simplicity of my heart makes me sorely out of place in the rough, jostling crowd of this world, for had I only been 'cute, I could have seen that I was expected to write my own life. The reason given was that each contributor could state dates and facts in his own case, with such a freedom from errors as would enrapture the "future historian." Had I sent my own life, in my own *Mss.* the charm of my style is such that Cleave, as a man of delicate appreciation and classic taste, would have reproduced it *verbatim.* I was well aware of this, but still I exercised that stoical self-denial which is A 1 amongst my many virtues. I also knew what so many of my cotemporaries seem to have been unaware of, or to have ignored, that you can tell a lion by his nails; and had I only done my own life a multitude of discerning readers would have at once exclaimed,—"Ah, that is the pen of Muller—*der Einzige!*" (I would here, in a parenthesis, remind my cotemporaries that while the king of beasts is known by his nails, it is also true that an ass is recognized by his ears. I am only sorry that this friendly hint is given too late for many of them.)

On full consideration, I am prepared to say that this omission of my life does not after all disturb my equanimity. I am convinced that so desirable a work will never fulfil its mission in one edition: a second will undoubtedly be demanded, and then if my life does not appear it will surely be doubly my own fault. And what an advantage I shall have. Here are all the lives in this first edition for my guidance, and like the Helen-painting Apelles I shall combine all the good points (avoiding all the errors,) in one immaculate whole that posterity may know ME.

Let me now put aside the jester's cap and bells, and soberly consider this good-looking volume. (Hitherto I "wor on the rampage, Pip.")

The fitness of this writing of doctors' lives has long been recognized. So far back as 1620 one Melchior Adam wrote his "*Vitæ Germanorum Medicorum,*" and issued it, a goodly octavo, from Heidelberg. I have seen three different English works of a like nature, and have read them with such a degree of interest as will justify Mr. Cleave in desiring to do such a job for us homœopaths. The work under notice, however, seemed to me to afford such opportunities for self-adulation that I never looked upon the project with any favor. That there were many men in our ranks whose lives deserved to be written was patent, but that the mere fact of practicing homœopathy entitled every M. D. to have his life inserted seemed to me, in the emphatic vernacular, "too thin." I believed that Mr. Cleave's appeals to my individual self would be "more honored in the breach than in the observance," and that gentleman can testify that the "eloquence of silence" was mine.

I sat down to a perusal of the book with a strong prejudice. I knew, from Mr. Cleave's *Editor's Prospectus*, that the editor of one of our monthlies had written his own life, and to my prejudice was added disgust. I have closed the volume convinced that the good therein far more than atones for every objectionable feature. I have learned much of very many men, that has been a source of true pleasure to me, and I feel in my very heart that if a knowledge of little me could have had even a fraction of such interest for any one, I have done wrong in withholding it.

The editing of such a book is attended with peculiar and inherent difficulties. For Mr. Cleave to have "interviewed" each individual involves an expense which the sale of the work would not have guaranteed. To get a friend whose ardor would not out do his discretion is also difficult, for I well know that had I written one or two lives of friends, the glowing page would have displeased the subject thereof. I think I will not be accused of being over lenient as a critic, and I unhesitatingly avow my conviction that taking all in all, Mr. Cleave has done his work very happily.

It does *come natural* to "lay the paint on"—using Dr. McClatchey's figure—and we who have not read "copy" can never know how much Mr. Cleave has toned down many an overglowing tint. And, indeed, when we think of this *ego* as an eternal unit which shall never lose its identity, is it at all strange that the *I* should be the most pleasing topic to the *I?* No man has yet lived who dared to depict himself as he *knows* that he is is in the sight of the Infinite Omniscient, and when it comes to the matter of "paint" there is great need that God may help us all.

There is another feature of this work on which we must have a word. Many of the biographed M. D's mention their descent from noble families, etc. Now, blood and lineage in this land—this city of refuge for the oppressed of all the earth, *black*, too, *Laus Deo!*—are shabby words which only remind us of countries and nations from which our nobler ancestors were glad to make exit.

"*Howe'er it be, it seems to me*
'Tis only noble to be good,
Kind hearts are more than coronets,
And simple faith than Norman blood."

Another feature is the prominence some contributors have given to their fathers. Far be it from me to disparage filial reverence; but Cicero's son was a fool, and it is an unfortunate fact that a brilliant father does not necessarily propagate his *kind.* When you have to climb upon a father's shoulders and look down behind him to see his son, that scion must be small. If a son must mount his father's back to be seen, that son isn't doing justice to his own legs. In this book,a Biographical Cyclopædia of Physicians, we want to know a man as a physician, "only this and nothing more."

Now we come to the rosy side of Cleave's Cyclopædia, and, surely it warms one's heart through and through. I am sure that my poor self is conscious of better resolves and nobler aspirations since I have have felt the influence of this rosy side. I refer to the fact that so many homœopathic physicians were born of trials which would have overcome less noble souls. Never yet have I opened a book containing the record of so many self-made men. I revere a self-made man, because such an one is never a half-made man. Grass grows taller around a stone, and if there is that in a soul which will rise up against an obstacle, that soul shall attain to a God-like stature.

Of this goodly list of self-made men it is my happy fortune to know one; and I doubt not that if his life were read by a stranger it would suggest "paint." But I know the man; I know his history, and on my faith I know that the life in the Cyclopædia seems tame to me; the "paint" is not worthy of the subject, it lacks the glowing warmth and simple pathos of the original. And when I read other lives I shall transfer to them that conviction of their truth with which this one life of a true man, whom I do know, has filled me. When I closed the book I could but ask myself—And are such men as these; men who have come out of trials innumerable as the silver cometh out of the refiner's furnace—are these the ones to take up with a sham? And such a reply came back to my self-communing as made me more than ever a "homœopath."

O my brethren, by your example I am lifted up and strengthened, and many another one walking the thorny road of trial shall learn of you, and taking heart, press on to even such a triumph as is yours.

One other lesson we may all learn, namely: solid merit, and success—such success as a true physician will honor—are the fruit of only earnest and indefatigable WORK.

One graceful feature of this book yet remains to be mentioned, to wit: not only the living but our honored dead are biographed. This is fitting, and I trust that, if a second edition is called for, this list will be enlarged.

I am fain to hope that this volume will foster an *esprit du corps*, the absence of which is a singular feature of our School in America. On particular occasions when a blow is struck at our system we are an unit, and one which has shown that *nemo me impune lacessit* is fitly our motto; but on other occasions we do not constanly preserve an *entente cordiale*. This is a mistake, for we cannot exalt any homœopathic physician without exalting Homœopathy, and we cannot exalt Homœopathy without at the same time exalting its practitioners. Let us honor each practitioner for the earnestness of his endeavor; he may not make his efforts in the manner common to you and to me—but if he has only done his best, depend upon it, at the end his demand upon the Infinite Merciful One will be no larger than yours or than mine.

New York, October 8, 1873. CARL MULLER.

New York Observer,

37 Park Row, New York, S. J. Prime & Co., $3 per year.

This claims to be the "*oldest and the best*" of our religious weeklies, and we can cheerfully accord to it the meed of praise for its excellence. It does not offer any cheap chromos as premiums, but gives fully the value of its subscription in good reading. It asks patronage simply upon the claim of its merits. We admire its position, and take pleasure in recommending the paper to our readers.

The Aldine: an Illustrated Monthly Journal, James Sutton & Co., Publishers, 58 Maiden Lane, New York. Terms, $5 per annum, in advance, with Oil Chromos free. For 50 cents extra, the chromos will be sent, mounted, varnished, and prepaid by mail.

THE ALDINE, while issued with all the regularity, has none of the temporary or *timely* interest characteristic of ordinary periodicals. It is an elegant miscellany of pure, light and graceful literature; and a collection of pictures of the rarest specimens of artistic skill, in black and white.—Although each succeeding number affords a fresh pleasure to its friends, the real beauty and value of The Aldine will be most appreciated after it has been bound up at the close of the year. While other publications may claim superior cheapness, as compared with rivals of a similar class, The Aldine is a unique and original conception—alone and unapproached—absolutely without competition in price or character. The possessor of a complete volume cannot duplicate the quantity of fine paper and engravings in any other shape or number of volumes for ten times its cost; and then, there are the chromos besides!

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To fully realize the wonderful work which it is doing for the cause of art culture in America, it is only necessary to consider the cost to the people of any other decent representations of the productions of great painters.

In addition to designs by the members of the National Academy, and other noted American artists, The Aldine will reproduce examples of the best foreign masters, selected with a view to the highest artistic success and greatest general interest. Thus the subscriber to The Aldine will, at a trifling cost, enjoy in his own home the pleasure and refining influences of true art.

The quarterly tinted plates for 1874 will be by Thos. Moran and J. D. Woodward.

The Christmas issue for 1874 will contain special designs appropriate to the season, by our best artists, and will surpass in attractions any of its predecessors.

Every subscriber to The Aldine for the year 1874 will receive a pair of chromos. The original pictures were painted in oil for the publishers of

The Aldine, by Thos. Moran, whose great Colorado picture was purchased by Congress for ten thousand dollars. The subjects were chosen to represent "The East" and "The West." One is a view in The White Mountains, New Hampshire; the other gives The Cliffs of Green River, Wyoming Territory. The difference in the nature of the scenes themselves is a pleasing contrast, and affords a good display of the artist's scope and coloring. The chromos are each worked from thirty distinct plates, and are in size (12 x 16) and appearance exact fac-similes of the originals. The presentation of a worthy example of America's greatest landscape painter to the subscribers of The Aldine was a bold and peculiarly happy idea, and its successful realization is attested by the following testimonial, over the signature of Mr. Moran himself:

NEWARK, N. J., Sept. 20th, 1873.

Messrs. JAMES SUTTON & CO.,

Gentlemen:—I am delighted with the proofs in color of your chromos They are wonderfully successful as representations by mechanical process of the original paintings.

(Signed.) Very respectfully, THOS. MORAN.

These chromos are in every sense American. They are by an original American process, with material of American manufacture, from designs of American scenery by an American painter, and presented to subscribers to the first successful American Art Journal. If no better because of all this, they will certainly possess an interest no foreign production can inspire, and neither are they any the worse if by reason of peculiar facilities of production they cost the publishers only a trifle, while equal in every respect to other chromos that are sold singly for double the subscription price of The Aldine. Persons of taste will prize these pictures for themselves—not for the price they did or did not cost, and will appreciate the enterprise that renders their distribution possible.

If any subscriber should indicate a preference for a figure subject, the publishers will send "Thoughts of Home," a new and beautiful chromo, 14 x 20 inches, representing a little Italian exile whose speaking eyes betray the longings of his heart.

THE ALDINE will, hereafter, be obtainable only by subscription. There will be no reduced price or club rate; cash for subscriptions must be sent to the publishers direct, or to the local canvasser, *without responsibility to the publishers*, except in cases where the certificate is given, bearing the *fac-simile* signature of JAMES SUTTON & CO.

Vick's Floral Guide, for 1874.

This contains 136 pages profusely illustrated with wood cuts, and with a finely executed lithograph of double Portulaca's in five colors. The representation is not exaggerated. We have had the flowers in our garden, from seeds of Mr. Vick's fully equal in size and beauty. The Guide is published quarterly at 25 cents per year.

Lectures on Diseases and Injuries of the Ear:

Delivered at St. Georges Hospital by W. B. Dalby, F. R. C. S.; M. B. Cantab, Aural Surgeon to the Hospital. Twenty-one Illustrations. Philadelphia, Lindsay & Blakiston, 1873.

This volume contains the lectures of the author, an abstract of which was published in the *Lancet* in 1872. The pathology and symptoms of ear diseases are given briefly, but, very clearly. The author says :

> "Whilst fully recognizing the immense value of the late Mr. Toynbee's researches, on the pathology of diseases of each portion of the ear, it must be allowed that since his book was written, considerable additions have been made to our knowledge."

And Dr. Dalby has very faithfully endeavored to include all such advances, in his manual, so that to some extent, it may be regarded as a text-book upon the subject.

Regarding this as a really meritorious publication, we expect to give it a full review in our next number.

The Annual Record of Homœopathic Literature:

Edited by C. G. Raue, M. D., Boericke & Tafel, N. Y. and Phila.

The volume for 1873, contains 332 pages and the price is $3.

Dr. Raue has been assisted in his editorial labors in this volume by Drs. T. Bacmeister, Charles Cropper, E. Farrington, C. Hering, A. K. Hills, T. S. Hoyne, J. P. Kippax, A. Korndorfer, S. Lilienthal, R. J. McClatchey, M. Macfarlan, W. S. Searle, A. R. Thomas, Chas. VonTagen, and C. Wesselhœft.

41 pages are devoted to Materia Medica, 210 to Practice, 31 to Surgery and 30 to Theoretical matter.

Dr. Raue's annual visits with his Record will always be acceptable, particularly to those physicians who are wise enough to take all the Journals. But few are simple enough to suppose that the Record is in any sense a substitute for the monthly magazines.

Lacerations of Female Perineum and Vesico-Vaginal Fistula ;

Their History and Treatment, by D. Hayes Agnew, M. D., Professor of Surgery in the University of Pennsylvania. Lindsay & Blakiston 1873.

This monograph contains a reprint of the articles formerly published in *Pennsylvania Hospital Reports* and *Medical and Surgical Reporter.*— The author says, that he has performed this operation about sixty times· with three deaths, all doubtless due to a hospital atmosphere ; and as far as known, with only four or five failures. The work is fully illustrated, containing seventy-five engravings.

Lindsay's & Blakiston's Physician's Visiting Lists for 1874.

These are published promptly as usual, in all the various styles, and at as reasonable rates as formerly, and for those who prefer such a style of list they are excellent.

The Pocket Record and Visiting List for any Year:

By B. F. Dake, M. D.—Lodge's Pharmacy, Detroit, Michigan.

This contains an ordinary calendar; obstetric calendar; tables of poisons and antidotes; eruption of teeth; pulse; temperature; ready method in asphyxia; list of nurses, addresses, memoranda, vaccinations, obstetric engagements, deaths, etc. Size 7 x 3½ and only ½ inch in thickness, yet two pages for each day's practice is provided. This is done by a set of blank books, one for each month, to be slipped in the morocco cover. These blank books are only ⅛ of an inch thick, ruled for name and residence of patients, person, age, remedies, symptoms, disease, visit, prescription, charge, etc. We have tried nearly all the various forms of physicians' visiting lists, and have now adopted this arrangement of Dr. Dake's, which has given us the best satisfaction. The set of 12 books, ruled and printed, and mo occo cover costs $4, and is well worth the price.

The Homœopathic Physician's Visiting Lists for 1874:

By Robt. Faulkner, M. D., with a Repertory, by W. James Blakely—Boericke & Tafel, N. Y. and Phila.

The Repertory is a neat one, and this is a very good list for the homœopathic physician, but not so compact or convenient as that of Dr. Dake. It is an inch longer and ¾ of an inch broader, and somewhat thicker.

The Christian at Work:

New York, H. W. Adams, Publisher, 102 Chambers Street.

The publisher has exhibited commendable enterprise in securing for his excellent weekly journal the services of DeWitt Talmage, Charles H. Spurgeon and Horatio Bonar, all writers of world-wide fame. The No. before us contains a paper of Talmage's, on *Heenanism*, in his characteristic style. This we copy on another page in article on *Physical Culture.*

A full account is given of the Faith meeting under the charge of our most estimable homœopathic physician, Dr. Cullis, of Boston.

The Chromos that are sent out with this publication are creditable, and should not be classed with the stupid pictures that are too often palmed off as premiums. Another good feature is the cutting off of quack doctors' advertisements. We commend this publication, without reserve, as worthy of hearty support.

The Christian Standard:

Published by the Standard Publishing Company, Cincinnati, Ohio.—Weekly, $2 per year.

We notice this paper once a year with great pleasure. It has reached its eighth volume and has a very large subscription list. We rejoice. We know of no paper better deserving of success. Its editor-in-chief, Isaac Errett is noted for his broad mind; he looks at vital questions from all points of view, and then directs his readers with a right liberality to the truth. His colleagues, J. S. Lamar and Russell Errett are worthy associates.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

HERNIA DIAPHRAGMATICA INCARCERATA.

Dreifuss collected all the cases dispersed in medical literature. In fifty-five cases he found thirty-seven times the stomach alone dislocated, or with it some other abdominal organs. A part of the colon transversum and the omentum majus had mostly entered the thoracic cavity with the stomach. He found mostly acquired diaphragmatic herniæ, which arose in consequence of a trauma, as a penetrating wound, a contusion of the left side of the body,a concussion from a fall of a considerable height, or a rupture of the diaphragm from excessive contraction of the abdominal muscles. The intestines mostly penetrated the opening without a covering hernial sac,and a serous hernial sac formed by the peritoneum only could rarely be found, and still less frequent was a double covering formed by the peritoneum and the pleura. The point of perforation forming the hernial opening, was nearly always on the left side of the diaphragm, mostly in its muscular part, more rarely in the tendinous one. The patients had from time to time paroxysms of belly-ache, constipation and vomiting, passing off with the appearance of soft stools. Symptoms of incarceration with fatal results appeared mostly after the use of flatulent food or beverages ; most frequently after the use of bad beer, producing all the symptoms of acute internal incarceration. In some cases the symptoms of incarceration set in a few hours or days after the injury, in other cases years passed by without much trouble, until finally after a dietary mistake, internal incarceration followed—in some cases death happened by another intercurrent disease, and the diaphragmatic hernia was only accidentally revealed by the autopsy.

Popp (*Deut. Zeischr. f. Chir. 1872.*) considers the following points as valuable diagnostic hints :—

1. The proof of a preceding trauma.

2. The paroxysmal appearance of vomiting, obstinate constipation and severe colicky pains ; passing off after a few days with diarrhœic stools, only to reappear after the next gross dietary mistake.

3. The sudden appearance of symptoms of internal incarceration, though no organic causes, or long continued diarrhœa can be proved, whereby in the beginning the middle and lower parts of the intestines are neither tympanitic nor painful on pressure.

4. Strict objective examination of the chest and abdomen. An important diagnostic adjuvans is adspection and palpation in all cases : where the abdomen is considerably sunk in and feels empty, whereas the gastric region and the left side of the chest looks arched out. This disproportion between the concavity of abdomen and the chest is most distinct in an emphysematically formed thorax. Percussion and auscultation also give us valuable hints. In exquisite cases of diaphragmatic hernia the cardiac dulness is very circumscribed, mostly pushed somewhat towards the right, the sounds clear, frequently with metallic timbre. The full pulmonary sound ceases on the left side of the chest mostly at the first or fifth rib, and in its place appears a full tympanitic percussion sound. Corresponding to the first ribs clear vesicular breathing is heard, becoming weaker as we go downward, and entirely disppearing at a point, where on the other side clear vesicular murmurs are still heard.—[*Berl. Kl. Wchft, 14, 1873.*]

FOREIGN OBJECTS IN BLADDER AND URETHRA.

BY PROF. DITTEL.

Foreign bodies may penetrate—

1st. By passing through the natural openings and canals. The most diverse objects have been found in the urethra and bladder ; as lint, sealing-wax, lead pencils, slate pencils hair pins, knitting needles, roots of gramineæ, straws, cathaters, bougies, iron rods. As long as they make little trouble, the thing is hushed up, till it penetrates deeper and reaches the bladder, where it causes incrustation and the formation of calculi.

2d. More rarely foreign bodies reach the bodies by pathological processes; as, for instance, by ulceration, perforation of the intestinal walls, of cysts and abscesses. Thus *Robert* reports a case where a lead pencil was swallowed, finally reached the bladder and caused there the formation of a calculus. *Podrazky* reports a case, where a soldier was wounded by a gunshot. The ball went through the sacrum into the bladder to the symphysis. A segment of it projected into the bladder and caused incrustations in the wall of the bladder. *Dittel* himself extracted a knitting needle, a hair pin, and the tail of squirrel from the bladder—[*Wien. Med. Wchschrft 13, 1873.*]

NITRATE OF AMYL IN MELANCHOLY.

BY DR. HOESTERMAN.

The remedy must be inhaled two to four times a day, four to five drops for thirty-five to forty seconds, till symptoms of hyperæmia appear; dilatation of the blood vessels still rises after the inhalation is interrupted, advising us to be careful in anæmic persons or in such who early suffer from congestions; the symptoms disappear in three-quarters to one minute; the physical changes correspond to those of an increased import of blood; the eye becomes full of lustre, features more lively, the obstruction to a rapid flow of ideas ceases, and the patient feels more comfortable. All these symptoms correspond to those which a fever produces in melancholic patients; and just as we observe that a fever symptomatically cures a melancholy, we see the same from the inhalation of Amyl nitrate.—Examining the pulse with the sphygmograph we find that it changes the slow pulse of such patients into a quick and feverish one.—[*Psych. Centrbl. 1, 1873.*]

CHRONIC INTERNAL HÆMORRHAGIC PACHYMENINGITIS.

BY DR. S. MOSES, OF BERLIN.

Pachymeningitis is according to Herchl and Virchow a sequel of inflammation of the internal surface of the dura mater, the vascular membranes are direct products of the inflammation, and are frequently split by hæmorrhages taking place in them. According to Virchow the quantity of the layers corresponds to the age of the membrane. According to others, the neomembranes originate from primary blood-extravasations, or from primary plastic exudations, from the connective tissue cells of the internal layer of the dura-mater or from young epithelial cells, and connective tissue of the internal layer of the dura. Bayle and Cyle agree with Herchl and Virchow. Virchow and others also suppose, that the same neomembrane forms the layer as the walls of cysts shows the same tissue as the neomembrane. The contents of the tumor are either fluid blood or a serous exudation. The pia remains usually unchanged, but the cerebral hemisphere becomes flattened, and the ventricles of the affected side narrower. The hæmatoma is, according to all authors, found along the large sulcus above the cerebral hemisphere, the sacs have the greatest thickness at the convexity of the brain; their largest extension from before backwards. The cause of it in grown persons is abuse of alcoholic beverages; but it may also arise spontaneously; in children they may arise from injuries during labor. *Virchow* found the Hæmatoma more frequently on the right side, *Durand, Fardel* on the left; it is usually on both sides. The symptoms are according to Rilliet, Barthey and others,loss of consciousness, spasms, paralysis, or paretic debility in the motory apparatus. In one case described by Moses, none of the symptoms were present, but the mother noticed the increased size of the head. A pulmonary affection induced the disease and led to death. The autopsy failed to reveal any inflammatory process, and it might therefore be surmised that the disease progressed very slowly.—*Journ. f. Kinderkr, 1873.*

American Observer.

EDWIN A. LODGE, M. D., DETROIT, MICH., GENERAL EDITOR.

THE DEVIL AS A PASTOR, DOCTOR, AND TEMPERANCE LECTURER (*Pacific Medical and Surgical Journal*).—Before us is the "*Pastor and People*," "a monthly Christian newspaper," published in Boston, the editor being "assisted by clergymen of different religious denominations." A portion of the paper is headed "*Guardian of Health*," and contains a number of quack advertisements, one of which announces a Cholera Specific as a cure for Asiatic Cholera, a Cough Syrup which is a sure and effectual remedy for all lung diseases, including pulmonary consumption, and a Cinchona Bitters as an appetizer. The editor, in another column, under the head of "*Temperance Department*," refers his readers to this particular advertisement, and informs them that the medicines so advertised are "spoken very favorably of by those who have used them," and are "compounded on scientific principles from recipes long established." Religion, Health and Temperance, quotha! *And this is in the city of Boston, where it is supposed there is a God!*

PARADING OF TITLES (*Pacific Medical and Surgical Journal*).—It seems to us that members of our profession sometimes make a parade of their titles and membership in societies which is quite as objectionable as that class of advertisements condemned by the code of ethics. Some of our best authors fall into this vicious habit. A recent American publication, from the pen of a medical philosopher who is too well and too favorably known to need such a display, appends to the author's name a long list of societies in different parts of the world, of which he is a member, one of which reads thus: *Member of the Verein Würtembergischer Wundärzte and Geburtshelfer of the Provincial Utrecht Genootschap Van Kunsten un Weienschappen*

BOGUS DIPLOMA TRADE (*Pacific Medical and Surgical Journal*)—It will be remembered that the Legislature of Pennsylvania revoked the charter of the Eclectic Medical College of Philadelphia, on account of its fraudulent sale of diplomas. The Supreme Court of the State has decided the act of revocation to be invalid, for the reason that the charter had been granted before the passage of the law giving power to the Legislature to revoke the charters of medical swindling-shops. So the Eclectic College may still issue diplomas, and the only way to prevent it is by prosecution in the courts.

DR. DARWIN was proposed for membership in the French Academy of Sciences, and rejected by a vote of 26 to 6.

UNIVERSITY OF MICHIGAN.

Replication of Board of Regents in the University Case in Circuit Court.

On November 24th, 1873, the application for a mandamus to compel the Board of Regents to appoint two homœopathic professors in the University, came up in the Circuit Court, when the Regents filed the following replication :

The People of the State of Michigan on the relation of the Attorney General vs. the Regents of the University of Miehigan.

The Regents of the University of Michigan, in the above entitled case named in answer to the petition filed therein, and for cause why the prayer of said petition should not be granted, say :

1. That the said Circuit Court for the county of Washtenaw has no authority or jurisdiction to entertain said petition, or to adjudicate upon the subject matter thereof, or to grant upon the statements and allegations contained in said petition, the writ of mandamus as therein prayed for.

They further say and admit that the 6th section of Art. XIII of the present constitution constituted the Regents of the University elected, as provided in said article, the Board of Regents of the University of Michigan, and that by section 7 of the same article, they and their successors are constituted a body corporate known by the name and title of the "Regents of the University of Michigan," and that they continue to be such body corporate. They admit that the Legislature of said State passed an act entitled "An Act to provide for the Government of the University and to repeal chapter 57 of the Revised Statutes of 1846," which was approved April 8, A. D., 1851, and that the 5th section thereof is correctly set out in said petition, and that said Legislature subsequently passed an act entitled as follows, to wit: "An Act to provide for the appointment of two Professors of Homœopathy in the Department of Medicine in the University of Michigan, which act was approved April 1, 1873," and is correctly recited in said petition.

3. They admit on the 24th day of June, A. D. 1873, they "The Regents of the University of Michigan," passed and adopted the preamble and resolution set out in said petition, and that they have not since the approval of the act last mentioned made any appointment of any professor of homœopathy in the Department of Medicine in said University, but have declined and still decline to do so.

4. They further say that by the 8th section of Article XIII of the constitution it is provided as follows : "The Regents of the University shall, at their first meeting, or as soon thereafter as may be, elect a President of the University, who shall be ex-officio a member of the board, with the privilege of speaking but not of voting. He shall preside at the meet-

ings of the Regents, and be the principal executive officer of the University. The Board of Regents shall have the general supervision of the University and the direction and control of all expenditures from the University Interest Fund."

5. They further say, that by virtue of the provision of the Constitution last above recited, they claim and insist that the selection of fit persons for the purpose of instruction in said University in the several departments, and the appointment, installation and maintaining of the several professors therein, and the direction and control of all expenditures from the University Interest Fund, are committed exclusively to them ; that it is their duty and their right to make appointments and removals of such professors without control or dictation ; to determine what professor shall be appointed, installed or maintained in each and all of its departments ; what qualifications shall be required for such appointment ; when any such appointment shall be made ; what shall be the rights and privileges of each professor and the amount of their respective salaries, and when the same shall be due and payable ; and they further say, that the salaries of the professors of the University are paid mainly from the University Interest Fund ; that, in accordance with section 2 of Article XIII of the Constitution, and with the terms of the grant of the fund from which such interest is derived, said interest fund must be annually applied to the payment of the salaries of the professors and other necessary expenditures in connection with carrying on the institution ; that the necessary expenditures for those purposes have for many years exhausted the annual income received from any and all sources applicable to the purpose, and still requires the whole of the same ; that there are no means at their command for the payment of the salaries of two additional professors ; that the subject of *theory and practice* is, and always has been, since the organization of the Medical Department taught by one professor, and that of *materia medica* by another ; and in the judgment of these respondents, it would not promote the interest of the University or the public good to make removals for the purpose of appointing other professors in their places as instructors in these branches.

6. And they further say that, with an ardent wish to promote the best interests of the University in all its departments, they have carefully considered the question as to the wisdom of making the appointments designated in the above mentioned legislative act, and are fully convinced that such appointments would be greatly prejudicial to the best interests of the institution, and would have a tendency to retard its progress, hitherto almost, if not altogether, unexampled in prosperity and usefulness.

And they further say that their declining to make such appointment is based upon the facts and reasons above stated, and upon the conviction that the entire subject matter of such appointments and the direction and control of all expenditures from the fund out of which if appointed, such professors must be paid, are committed by the Constitution exclusively to these respondents, and not to the Legislature, and that the above mentioned act of the Legislature directing them to make the appointments therein specified is without authority and of no effect.

PUBLIC HEALTH ASSOCIATION AND HOMŒOPATHY.—At the recen meeting of the American Public Health Association, held in the City of New York, the executive committee made a report of applicants for membership. Among these were Dr. T. S. Verdi, a homœopathic physician of Washington, and a member of the Health Board of that city, and Dr. Bliss, an allopathic physician of Washington, and member of the Health Board, with Dr. Verdi. Drs Verdi and Bliss were not reported by the executive committee for membership.

Dr. Cox, of Washington, President of the Washington Board of Health who had presented the names of Drs. Verdi and Bliss, members of the Washington Board of Health, appointed thereto by the President of the United States, desired to know why their names were not reported by the executive committee of allopathic physicians, and said :—

"They are collaborateurs in the cause of Sanitary science, and gentlemen of high social standing in Washington. I do not understand why their names were not submitted for membership, and I presume I may ask the committee their reasons for excluding these gentlemen. I understand that this body is one of sanitarians and not doctors, and that views of allopathy or homœopathy are not to admit or debar gentlemen from membership who are interested in the question of public health, and engaged in solving its problems."

Dr. Smith, the allopathic president of the association, ruled that Dr. Cox was out of order.

Dr. Cox calmly continued his argument, and then offered a resolution "that no applicant for membership of this society shall be excluded because of any real or fancied violation of the etiquette of the medical profession."

Dr. Smith, the allopathic president of the association, ruled that "the motion was entirely out of order."

The New York *Evening Post* speaks justly ·

There is no scientific associations in existence in this country whose field of usefulness may be so large, none which may appeal so confidently to the people for encouragement and support as this, whose object is simply and solely the sanitary condition of the country and the health of everybody in it. But it will appeal in vain to the respect of anybody if it goes so widely out of its own proper sphere as to permit itself to be governed by the professional prejudices or the professional principles—if that will be a more acceptable term—of any number of its members. It had better lay it down at the outset, and that in the most emphatic way, that it has principles of its own, and the first of these is to confine itself rigidly to its own business. Its members are persons assumed to be interested in sanitary science, but what they may think on other subjects is their own affair altogether, about which the association has no right of inquiry.

It was quite proper for Dr. Cox to inquire why the two gentlemen, whose enrollment he had recommended, were not reported as members; and if he had any reason for supposing that it was because they were homœopathic physicians, he was quite right in entering a most positive protest. The Sanitary Association may as properly inquire whether an applicant for admission believes in transubstantiation or the immaculate conception, as to ask whether he practices in this, that or the other school of medicine. Dr. Cox, we hope, will still urge the admission of his friends to membership, and know the reason of their neglect or denial, whichever may be the case. The association, however, has fallen into the wrong hands if its members permit themselves to be diverted from their true work by submission to the petty prejudices of either professional or religious bigots.

PRESENTATION TO DR. H. M. PAINE.

At the semi-annual meeting of the New York State Homœopathic Medical Society, held at Brooklyn, N. Y., September 9, 1873, the former Secretary, the worthy Dr. H. M. Paine, was presented with an elegant gold watch and chain. The presentation speech was made by Dr. W. H. Watson, as follows:

Dr. H. M. Paine:—As chairman of the committee appointed by the Homœopathic Medical Society of the State of New York at its annual meeting in Albany, in February last, for the purpose of obtaining subscriptions and procuring a testimonial to be presented to you in appreciation of your unwearied and invaluable services for many years as its Recording Secretary, I have the honor and there now devolves upon me the most congenial duty of presenting you with this valuable watch and chain.

I cannot, however, sir, allow this occasion to pass without a brief allusion to the nature and amount of the labor which you have performed for the Society, and the beneficial results which have accrued to us, its members, from those labors.

Of the thoroughness, accuracy, and conscientious fidelity with which you have edited the Transactions of the Homœopathic Medical Society of the State of New York, the ten volumes which will stand upon the library shelves of thousands of homoeopathic physicians in this and other lands, will forever remain an enduring memorial. Of the labor required to prepare such a volume for publication, involving a correspondence with many contributors, and with the secretaries of various county societies; the collating and proper arrangement of the several articles; the correction of manuscript, and the reading of proof, those who have had no experience can form no adequate idea. As to the trnth of this assertion, I an entirely confident that our indefatigable new Secretary, your successor, Dr. Vincent, of Troy, is already prepared to be a willing witness.

With the enthusiastic zeal and alacrity with which you have ever enlisted in every movement for the legitimate advancement of homœopathy, and the elevation of the standard of medical education, and with the energy and vigor with which you have fought its battles in the long contest with allopathic bigotry, all are familiar.

But, sir, your reputation will permanently and securely rest upon other living and continually developing results of your labors. Seventeen years ago, in 1856, there existed in this great State no legally organized body of homoeopathic physicians. Homoeopathy had, it is true, already won great and enduring victories within its borders.

Within the twenty-six years which had already elapsed since in the rooms of Gram, in the city of New York, were assembled, in daily conclave, all the disciples of Hahnemann upon this Western Continent—Hall, Channing, Wilson and Gray—the latter of whom still remains among us, with the brilliancy of his powers yet undimmed by even the shadows of advancing age, and who was present with us this morning, an honored member of this Society, homoeopathy had been carried in triumph into every portion of our State, but as yet there was within its confines no legally organized body of homoeopathic physicians; no channel through which an already numerically large and influential profession could give utterance to its authoritative and carefully considered views. Allopathic influence and allopathic intrigue yet reigned supreme in the councils of the State. *Creed*, not *fitness*, was the passport to appointments in its great eleemosynary institutions, for the simple reason that homoeopathists had no means of exerting their influence, as a unit, upon any public question.

On the 13th of April, 1857, a law was passed by the Legislature authorizing the formation of Homoeopathic County Societies. Immediately thereafter you commenced a vigorous attempt to awaken an interest in the subject of homoeopathic organization in this, as well as in other States. Any physician who has resided in the State of New York during the last fifteen years will readily recall the frequent and urgent letters which he has received from you upon this subject. I doubt if any escaped such a missive for a single week; and I state the simple truth, when I aver that I have often received three per diem. It is a matter of record that, in the three autumnal months of 1861, you mailed five hundred circulars and wrote three hundred letters relative to this matter. How far your efforts have been successful all present are well aware. Where there was not a single county society, there are now societies representing about forty counties.

Those, which I have above enumerated, are some of the more immediate and tangible results of your labors.

But, sir, there are other effects, which, though not as direct and visible, are nevertheless, no less certain in the future.

As the pebble thrown into the sea creates a circle, which, ever widening, is soon lost to mortal vision in the wide expanse of water, so, sir, your efforts at organization, which have already carried our own State Society to the very front rank in effectiveness, as well in the advancement of medical science as in protecting the interests of the homoeopathic profession from allopathic intrigue and intolerance, have already exerted, and will hereafter continue to exert, an incalculable influence in the same direction in otherStates and in other lands.

Now, sir, after the profession has for many years of the best portion of your life, reaped the full benefit of your sagacious counsels and rare executive abilities, and received the full measure of your time and talents, you have retired in the enjoyment of the respect and good-will of all its members. May prosperity and happiness attend you now and ever.

DR. PAINE'S RESPONSE.

Dr. Watson, Mr. President, Ladies and Gentlemen :—Deeply impressed with your generosity, overwhelmed with such cordial expressions of approval, and being unconscious of having merited so *timely* a gift, I am unable to find words expressive of the appreciation of your munificence.

A review of the history of the Society during the past fifteen years, brings to mind many interesting incidents, many pleasant experiences. It revives memories of labors in season and out of season, by night and by day. It involves a living over again in memory the ceaseless watchings and the fearful anxieties connected with the development of our school of practice in the Empire State.

If the thorough system of organization perfected in our State shall stimulate our brethren in other States to put forth efforts in the same direction we shall be pleased. That there is abundant necessity for a far greater amount of effort in the several States is plainly evident. When we realize that our brethren in good and regular standing in Massachusetts are excommunicated, contrary to law, thrust out of the old pharisaical State society, I will not call it allopathic, for it was not worthy of the name, simply for entertaining a therapeutical opinion different from that held by a majority of the members of that ancient organization; when we find also, that a large and flourishing medical school, the medical department of the University of Michigan, is deprived of the benefits derivable from the establishment of homœopathic professorships in that institution; when we realize that every one of the sixty allopathic medical colleges in this country is denied the exercise of the same privilege; when we realize that every State and county medical society in this country is placed under the same ban, and by the same power; when we realize that the infamous ruling adopted by the late Commissioner of Pensions, Dr. Van Aernum, was done in willing compliance with this despotic and would be omnipotent power; when we realize that the whole allopathic profession is, as one man, controlled by this power; when we realize that this power, at the present time exercised by the American Medical Association, is despotic in the extreme and is constantly interfering with the rights of citizenship, and is perpetually doing acts that are, in the language of the Hon. Secretary of the Interior, "subversive of free government"—then, and not till then, can we fully realize the magnitude of the labor to be performed.

I am not now disposed to give advice, nor is this a fitting occasion, but it seemed to me that it is a duty we, as scientists, as members of a liberal and learned profession, owe our professional brethren (for, although they abhor the fellowship, we lose nothing by maintaining a gentlemanly and courteous relation) to present this subject to the American people; to so exhibit this wicked and monstrous position assumed by the allopathic profession, that it will not be tolerated in respectable, enlightened and cultivated society. We must show up its objectionable features, and make them so repulsive that this exhibition of illiberality on the part of the allopathic school will not be tolerated by the American people. Then, when education alone shall constitute the evidence of an honorable and respectable position in the profession as a whole; when every educated physician can meet his fellow as a brother and an equal in position and influence, then indeed will the medical millenium have come.

Having devoted to the promotion of the interests of the Society fifteen of the best years of my life, I desire to become a humble worker in the ranks, and still, to as great an extent as may be consistent with other duties, promote its development and usefulness. Again I thank you for this valuable and highly prized testimonial of your approval, and sincerely express my great appreciation of so elegant and useful a gift.

The watch presented to Dr. Paine is an elegant specimen of workmanship. It is an open-faced stem-winder, and manufactured in Neuchatel. The following inscription is beautifully engraved upon the inside of the case:

"Presented by Members of the Homœopathic Medical Society of the State of New York to HORACE M. PAINE, M. D., in appreciation of his faithful performance of servicesas its Secretary during ten years. Albany, September 9, 1873."

BATTERY.—The *smallest*, *cheapest*, and *most effectual*, is the one recommended by Dr. Golding Bird, of England. Procure the bowls of six tobacco pipes, and stop up the holes left by breaking off the stems with sealing-wax; next get six small tumblers of about an inch in height, such as children use for toys; place in each a cylinder of amalgamated zinc, put a pipe bowl in each cylinder, and in each pipe bowl a thin slip of platinum foil, one inch and a quarter long and half an inch wide, connected at the zinc cylinder by a platinum wire; fill the pipe bowls with nitric acid, the tumblers with dilute sulphuric acid, and an energetic current will be evolved, capable of decomposing water, igniting wire, charcoal points, etc.

VOICE.—REMARKABLE RECOVERY OF SPEECH.—The *New Haven* (Conn.) *Union* says: One case of great good has been accomplished by means of the last *Graphic* balloon. Dr. Buel, of Litchfield, conducts,with great credit to himself, a private hospital for the insane in that town.—Among the inmates there was a man named Hemingway, from Boston, who had been there 12 years. He was formerly an active business man, but, by trouble, had last both his intellect and power of speech. Gradually the man's mind came back to him, and he became an industrious reader of the daily newspapers, and thereby made himself aware of the leading events of the day. But little hope, however, was entertained that he would ever speak again. On the day that the balloon went over Litchfield toward Canaan, all sight-seers were greatly excited. Some one rushed wildly to Dr. Buel's arylum and cried that the balloon was going over the town. "A balloon! a balloon! I'll go out and see it!" suddenly spoke Mr. Hemingway. He went out, gazed at the air ship as it sailed by, and from that moment could speak again, and as well as he could before his derangement. He is now at his home in Boston.

Personal Notices, etc.

Cleveland.—Dr. B. L. Cleveland a homœopathic physician of Flint, who is about to sail for Europe for the purpose of pursuing his medical studies in various continental colleges and hospitals, has been appointed by the Governor of Michigan a commissioner to obtain statistics relative to the treatment and cure of inebriates. The appointment was made under act No. 100 of the Session Laws of 1873.

MARITAL.

Kinne—Smylie—By the Rev. A L. Brice, assisted by Rev. J. S. Hurlbut, on Wednesday evening October 1st, 1873, at the residence of the bride's father, J. M. Smylie, Porter S. Kinne, M. D., of Paterson, N. J. to Amelia B. Smylie of Lake View.

May their marriage be that which "*hath in it the labor of love, and the delicacies of friendship, the blessing of society, and the union of hands and hearts.*"

REMOVALS.

Audibert.—Dr. E. Audibert, from New Orleans to Carrollton, La.
Brown.—Dr. J. D. Brown, from Newport to Providence, R. I.
Clark.—Dr. A. J. Clark, from Scranton Pa. to Havana, New York.
Hunter.—Dr. T. C. Hunter, from Dunkirk, N. Y. to Maumee City, Ohio.
Moss.—Dr. O. B. Moss, from Springfield, Ohio to Zanesville, Ohio.
Noxon.—Dr. A. Noxon, from Almonte to Bloomfleld, Ontario.

NECROLOGICAL.

Pennock.—Dr. B. F. Pennock writes us: "Fenton, Nov. 19th, 1873. E. A. Lodge, M. D. Dear Dr:—I write you to-day to convey to you the sad intelligence of my bereavement and loneliness. My dear wife departed this life on the 3rd, of the present month: her disease was cancer of the stomach. She was a long and terrible sufferer, and for that reason I cannot wish her back, but there is a void which none can know but those who have passed through the same trial."

"O! There is never sorrow of heart
That shall lack a timely end,
If but to God we turn, and ask
Of Him to be our friend!"

Nelaton.—M. Nelaton, the eminent surgeon of Paris, died on Sunday morning, Sept 21st 1873 after a long illness from heart-disease. He was born on June 17, 1807, and was consequently sixty-six years of age. In 1836, he took the degree of Doctor of Medicine of the Faculty of Paris. After this he became hospital surgeon, and then *agrege*, and in 1851 was appointed Professor of Clinical Surgery. In 1867, he resigned this post on account of impaired health, retaining the title of honorary professor. In 1848 he was decorated with the order of the Legion of Honor. and was promoted to be an officer in the same order in 1856, commander in 1863, and grand officer in 1867. He was appointed surgeon to the Emperor Napoleon in 1865, and in 1868 was raised to the dignity of a senator. M. Nelaton had a high reputation both as a professor and as a practitioner, and will be particularly remembered in connection with the celebrated case of Garibaldi. He was the author of several valuable works on surgical subjects.

When Dr. Nelaton began his studies he worked with such ardor that he often refused himself the time necessary for sleep. He procured a plank some five or six feet long aud 40 centimeters broad, the extremities of which he placed on two chairs. He lay upon it, holding his book open above him. It is said that in this position the want of sleep is less readily felt. When, in spite of him, his eyes closed and the book fell, the shock disturbed his balance, and he followed the book. The shock aroused him, and he got up and began his work again.

Errata.—On pages 43 and 44 for *expressis*, read *compressio*.

Surgical Observations.

BUSHROD W. JONES, M. D., PHILADELPHIA, EDITOR.

ON THE USE OF PLASTER-OF-PARIS IN THE TREATMENT OF FRACTURES.

A LECTURE DELIVERED IN THE SPRING COURSE OF LECTURES IN COLLEGE OF PHYSICIANS AND SURGEONS.

BY JAMES L. LITTLE, M. D., OF NEW YORK CITY.*

Lecturer on Operative Surgery and Surgical Dressings; Surgeon to St. Luke's Hospital.

GENTLEMEN:—In my last lecture I told you that in the treatment of fractures we have three indications to follow:—1st. To place the fragments of bone as nearly in their normal position as possible; 2d. To retain them in this position;—To attend to the local or constitutional complications which may arise during the course of treatment. The execution of the *first indication* is what we call "setting" a fracture; and I told you that you should set a fractured bone as soon as possible. In the majority of cases there is no difficulty, and the whole operation of "setting" consists merely in moving the the limb from a bent to a straight position. In other cases, where there is overlapping of the fragments of the broken bone, you will have some difficulty in reducing them; extension and counter-extension must here be resorted to, and in some cases it may be necessary to etherize your patient before you succeed.

After reduction you take means to fulfil the *second indication*, namely: to retain the fragments in their normal position. This can be accomplished by apparatus of various kinds; splints of wood, tin, gutta percha, leather, felt, &c., may be used; or you may apply splints or dressings made of plaster-of-Paris, starch, or silicate of magnesia, or liquid glass, as it is called. The use of plaster-of-Paris has become so general in the treatment of fractures, that it becomes necessary for me to enter into full details of the methods of its application.

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* *Medical Record.*

The employment of this substance for fracture dressings is not new. It has been used for very many years, and has been applied in various ways. As far back as the close of the last century it was used by the Arabians.

In Europe, it was introduced by Hendricks at the hospital of Groningen in 1814, and since that date has become one of the standard means of treatment in many of the hospitals throughout Europe.

In this city, fractures treated with plaster-of-Paris by "Pirogoff's method" were reported by Drs. Gluck and Weber in 1855 and 1856. A new method of applying the plaster was introduced into the New York Hospital by myself in 1861, and in that year a full description of its use and application was published in the *American Med. Times*. I also wrote a monograph on this subject which was printed and widely circulated by the Sanitary Commission just before the close of the war.

I also read a report on the use of plaster-of-Paris in surgery before the American Medical Association, at the meeting in Cincinnati in 1867, which was published in the report of the Association for that year.

In this college its use has been taught yearly since 1861 by Prof. Markoe,and also by myself in the spring course. I mention these facts because several papers have recently been written in regard to its use in the Bellevue Hospital, and in which no allusion has been made to the method which I have introduced and practised. Dr. Sam'l B. St. John, a graduate of this college, and afterward a resident surgeon of Bellevue, in a paper on "Plastic Apparatus in Surgery, with especial reference to that variety made with plaster-of-Paris,"published in the *American Jour. of Med. Sciences* in July, 1872, in giving the history of the use of plastic apparatus from the time of Hippocrates down to the present day, makes no mention of the important application of plaster-of-Paris in this city.—Prof. H. B. Sands, in a paper on the "Use of the Plaster-of-

Paris Bandage in the Treatment of Fracture," published in the *New York Med. Jour.*, June 1871, states that he considers the method which he describes, "*superior to that advocated by Pirogoff, which found favor in the N. York Hospital some years ago.*" Dr. Sands evidently here confounds Pirogoff's method with that of which I have been speaking, Pirogoff's method never having been used in that hospital to my knowledge.—The difference between Pirogoff's and my own method is this: Pirogoff, after bandaging and padding the limb with cotton, applies strips of coarse linen saturated with a solution of the plaster, lengthwise to the limb. These are retained in place by crosswise strips similarly prepared, thus making a *permanent* and *immovable dressing.* My method, which I will describe in full, later in this lecture, consists in the formation of plaster splints. which are applied directly against the integument, retained in position by a dry roller bandage, and which may be removed and the limb inspected at pleasure.

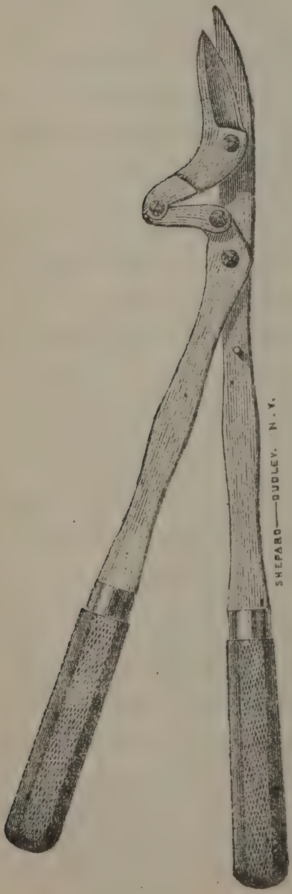
Now, gentlemen, if you will give me your attention, I will describe in detail and show you the application and use of, first, the plaster bandage, and afterwards the plaster splint.

THE PLASTER BANDAGE.

This is made by rubbing the dry plaster into the meshes of the muslin of which the bandage is made, and then rolling this up in the usual way as an ordinary roller bandage. The plaster bandages thus prepared should be kept from contact with the air, rolled up in tin foil until they are wanted, so that the plaster will not absorb moisture and thus become unfitted for use. Before applying this dressing, the limb should be carefully and evenly padded with old flannel, or a layer of cotton batting applied with a roller, and then the bandage, which having been previously placed in a basin of water to become saturated, should be applied as you would apply a dry roller bandage. Several plaster bandages should be used, and it is well to sprinkle dry plaster between them, and wet it, in order to give greater solidity to the whole. This is known as Mathiesen's method of applying plaster, and is at present in use at Bellevue. As far as I know, Dr. Robt. F. Weir was the first in this city to apply this form of plaster dressing to fractures While resident surgeon of the New York Hospital he treated several cases of fracture by this method ; but for some unknown reason the treatment fell into disuse until revived again at Bellevue.

Let me now show you in detail how to apply this plaster bandage (the lecturer here enveloped one arm of the manikin in the dressing described.) After the application, the limb should be firmly held in the position until the plaster "sets," and makes a firm hard splint. The plaster used for this bandage should be the superfine quality.

Fig. 1.



In order to remove these bandages, a strong pair of cutting pliers is necessary. This instrument which I show you, is one constructed for the purpose by Dr. Henry, of this city.

Here is another (Fig. 1), which was introduced by Dr. Victor von Bruns, Prof. of Surgery in Tübingen, made by Shepard & Dudley in this city. It is strong, and of great power, cutting the plaster bandage with ease and rapidity, and is used in St. Luke's, Roosevelt and Bellevue Hospitals.

The principal disadvantage of this method of treating fractures is, that it conceals the limb entirely after its application.

At Bellevue, it is applied as soon as the fracture enters the the hospital, and if put up properly with care, produces no harm; but if great care is not taken in its application, there is danger of interference with the circulation by the swelling of the limb.

This plan of putting up recent fractures in tight immovable dressings, is one which I would not recommend for adoption in private practice unless you have had ample hospital experience. It is better to place the fractured limb in some open dressing, and wait a few days until the swelling has to a certain extent subsided; then you may safely apply this or some other immovable dressing. *Do not then put up recent fractures in tight dressings.* To be sure, only one case of gangrene has occurred in Bellevue, and that was an out-patient who failed to report as directed, and who returned after the mischief had been done—so says Dr. St. John; yet, gentlemen, I have seen several cases of severe ulcerations produced by this form of bandage; and in one case where the apparatus was applied in Bellevue, a slough took place over the heel of the patient which took months to heal, My advice, then, to you is, not to apply any dressing to a fracture, that is likely to produce harm, even should the patient neglect to follow your advice.

I will now call your attention to the second way of using the plaster, namely:

THE PLASTER SPLINT.

Here you will incur no risk in the application. By this method splints are made of muslin or Canton flannel, saturated with a mixture of plaster-of-Paris and water.

In this way you can construct light but strong splints, fitting the limb with an accuracy unequalled by any other splint, and holding the fragments of the bone in perfect apposition, at the same time permitting us to inspect the limb at pleasure.

The application of the plaster splints was first introduced into this city by myself, while resident surgeon of the New York Hospital, and for certain fractures they answer a better purpose, in my opinion, than any form of dressing that we have at the present time.

In applying this method of plaster dressing, we should first cut a paper pattern of the size and shape of the splint required, and from this paper pattern we cut the Canton flannel or muslin. Two or three thicknesses of muslin, or two of thin bleached Canton flannel, make the best splints. A material like mosquito netting is sometimes used, but I have found it makes the splints too brittle, so that in moving them to examine the limb, they are liable to crack, and thus lose their value as splints.

The Canton flannel being cut of the requisite size and shape and the limb being shaven or oiled to prevent the hairs from adhering to the splint, the plaster is then to be mixed with water. Equal parts, by measure, of water and plaster, say one pint of each, make the mixture of the right consistency; it should not be thicker than cream.

Should it be desirable to have it "set" rapidly, a small quantity of common salt (a teaspoonful to the above mixture should be added while stirring.

If, on the other hand, you wish for any reason to delay the process of "setting," the addition of a small quantity of cream of tartar will effect this result.

The Canton flannel or muslin is now placed in the mixture and thoroughly saturated with it. It must then be removed, placed on a board or table, and smoothed out with the hand; the two pieces being accurately laid on each other, and being neatly pressed, they are applied to the limb directly against the integument, and adapted by the hands to the parts, while a roller bandage is snugly applied. This done, *the limb must be held in position until the plaster becomes hard.* This takes from five to fifteen minutes.

It is better to remove the roller bandage as soon as the plaster sets and apply neatly a dry one, else the one put on the wet plaster will be removed with difficulty when thoroughly dried.

A splint made in this way is light and elastic, and although applied directly against the integument, produces no excoriation; in a word, it combines all the advantages of the plaster bandage, with the additional one of allowing the limb to be inspected when desired. If the limb shrinks owing to subsidence of the swelling, and becomes loose in the splint,all you have to do is to remove the roller bandage and re-apply it tighter than before.

Now, gentlemen, I will bring a case before the class and show you the application of the plaster dressing we are now discussing. Here is a boy four years old, who four days ago fell from a bale of hay and sustained a fracture of both radius and ulna of the right forearm. It was an *incomplete fracture*, or what is called a "green-stick fracture." The forearm was bent near its middle, and on examination no false point of motion or crepitus could be detected. You remember that I told you in my last lecture, that both of these symptoms in this kind of fracture were absent until you had bent the bones back to their normal position, and then in many cases you would feel a distinct cracking of the bones, and the fracture would be made complete. That occurred in this case, so that we now have a *complete* fracture of both bones of the forearm at about their middle. As a temporary dressing, the forearm was placed on a straight splint, well padded and retained in position by strips of adhesive plaster. Had the case not come to my office in the middle of the day, when I was otherwise engaged I could have applied, and it would have been better to have done so at once, the plaster splint which I am now about to show you. I applied, however, a *provisional* dressing; and here let say to you, that you should always be ready with some form of temporary dressing for fractures in all parts of the body, so that when called to a case you can at once do something to make your patient comfortable; afterward you can prepare at your leisure a dressing more effective.

Now to return to the dressing of this fracture. I cut out a paper pattern so shaped as to leave the upper or radial border of the forearm uncovered by the splint, and then cut two thicknesses of the Canton flannel of the same shape. I now mix the plaster and water, add a little salt to facilitate the "setting," and saturating the Canton flannel in the mixture, place it on this board, and with my hand smooth out the wrinkles and the excess of plaster. I now apply it under and around the fractured arm, and smooth it well around the limb, while my assistant holds it in position. At the lower end I find the splint a little longer than necessary, and turn it over a half inch, which gives me a rounded and smoother edge.

I will turn back the edge near the elbow also, for the same reason. Now, while my assistant holds the limb straight, I apply a roller bandage two inches in width snugly around the limb. You notice the drops of soft plaster oozing through the bandage as I apply it. Now I take the limb from my assistant, and seizing the forearm just below the elbow with my left hand, and the hand of the patient with my right, I make extension sufficient to keep the limb straight until the plaster sets. In some cases where there is much tendency to displacement I have my assistant press with two flat wooden splints the palmar and dorsal surface of the limb, while I keep up moderate extension. This shapes the splint so that the muscles are forced in between the bones, following out the same indication formerly fulfilled by interosseous pads.

Now, gentlemen, although not five minutes have elapsed since this splint was applied, it has already become hard, so I remove this wet roller bandage, and there you see a beautiful splint holding the limb perfectly straight. (*Fig. 2.*)

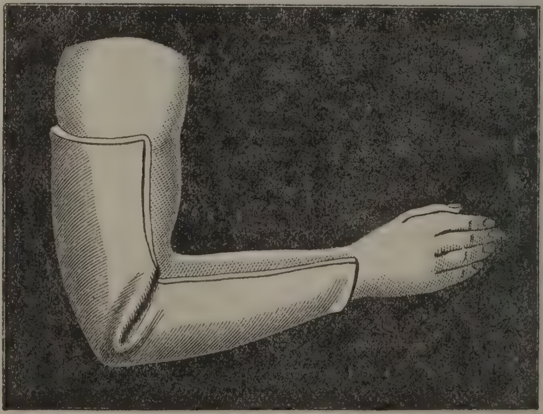


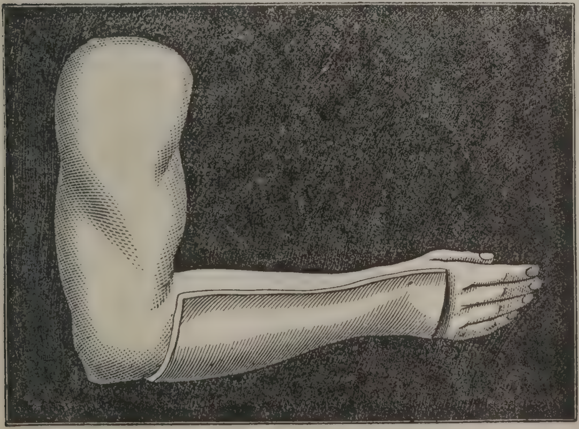
Fig. 2.

A dry roller is now snugly applied, and the patient is in the most comfortable condition possible; the coat-sleeve can be pulled down over the arm, which should simply be suspended in a sling. If this dressing be applied before swelling takes place, the roller can be left off and the splint retained by a couple of strips of muslin loosely tied near the elbow and hand, and lotions can be applied to the swelling.

The after treatment consists merely in reapplying the roller bandage whenever the limb seems to be loose in the splint.—This form of dressing may be used satisfactorily in cases of fractures about the elbow-joint, or in fractures of the forearm and fingers. For fractures of the leg, in my estimation, there is no better dressing. It can be applied at once if desirable, and as the splint does not encircle the limb, there is no danger from undue compression. The patient can go about on crutches at once. I generally prefer, however, to place the limb in a pillow or fracture-box for a few days before applying this dressing.

Fig 3 shows this form of splint applied to the elbow, and Fig. 4 to the leg. Remember, these are retained to the limb by a roller bandage.

*Fig. 2.**



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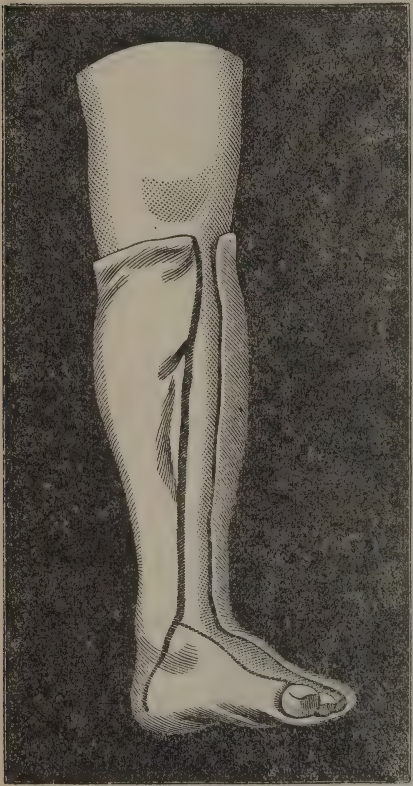
*Above is Fig. 2. By printer's mistake Fig. 3 appears on opposite page as Fig. 2.

In fractures of the humerus, I use coaptation splints and bandages; but if in any case I should want to apply the plaster dressing, I would use the *plaster bandage* as described in the first part of this lecture.

Fig. 4.



Dr. Buck's extension apparatus for the treatment of fractures of the thigh in the lower and middle third and the triple inclined plane, for those seated near the upper third of the shaft, leave little to be desired.

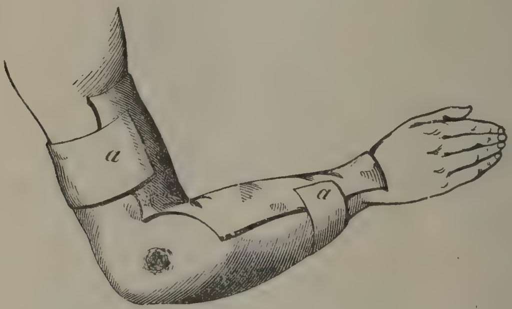
I use both these appliances in the first part of the treatment of such fractures, and after union has become moderately firm, often apply the *plaster bandage* from the toes to as high as possible on the thigh, thus allowing the patient to walk on crutches at a comparatively early date.

The immediate treatment of fractures of the thigh by plaster bandages, as now used in Bellevue Hospital, and described by Drs. Sands and St. John, is one that I think cannot be made practicable outside of a hospital, as it depends for its efficacy on the use of a peculiarly constructed bed, called the stretcher, on which the patient is placed, and while under the influence of ether, and strong extension made with the pulleys, this dressing is applied. The only advantage I can see in this form of dressing is, that it allows the patient at once to leave the bed and go about on crutches. Dr. Buck's apparatus is simple and can be applied in a few minutes, in any room which will hold a bed; and it is seldom necessary to etherize your patient. To be sure your patient must keep his bed, but he may sit up, and I seldom find patients complain. After the fourth or fifth week I think we have gained all we can by extension, and then you can apply the *plaster bandage* without resorting to ether and extension with pulley, and then your patient may go about on crutches. In another lecture I will show you how to apply Dr. Buck's apparatus.

I might also state that you can construct plaster splints of any shape for the treatment of diseases of the joints; and after resection of joints, no better form of dressing can be used. I will also call your attention to the use of plaster in the treatment of a club foot. I believe that I was the first in this city to use it for this purpose. In young children it is rarely necessary to perform tenotomy, for the deformity can be overcome by gradually stretching the tendons by putting up the foot in plaster dressing, and holding the limb in position while the plaster "sets." I have here a little patient who has talipes-varus of one foot, and I will show you how to apply this dressing. I will use the plaster splint made of two thicknesses of thin bleached Canton flannel, although the plaster bandage would do as well. You see I have cut out the Canton flannel so that it will not completely surround the leg and foot. Now, after saturating it in the plaster I apply it directly against the integument, and apply the roller, while Dr. Maynard holds the foot as straight as possible. Now I take the foot in my own hands and stretch it around to, as nearly as possible, its normal position, and I hold it so until the splint becomes hard. Now it is getting warm, and know that when heat is developed that the setting is firm. I will take off the outside roller and you see the foot and leg partially enveloped in this fine casing. I advise that this be left on for a week and then removed, and another applied, and the position of the foot improved. When the foot can be easily brought to its normal position I resort to the use of some form of club-foot shoe.

In conclusion, I would say, that in the treatment of compound fractures, the plaster-of-Paris dressing fulfils a most important indication—namely *allowing us to dress the wound without disturbing the fractured bone.* It can be applied by either of the methods which I have described, and fenestræ cut out so that the wound can be exposed and dressed as often as desired.

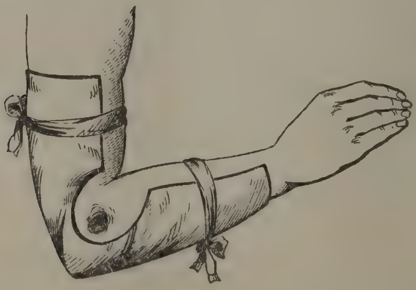
Fig. 5.



In the diagram, (Fig. 5) you see a plaster splint applied to the anterior surface of the arm and retained by transverse bands, *a a*. The case was one of a gunshot wound of the elbow. The wound you see could be readily dressed, and the dressing retained by a bandage. In this case the splint was not removed for over one month.

In this picture (Fig. 6) you see a splint applied to the posterior aspect of the elbow and retained by strips of muslin tied around the upper and lower ends of the splint.

Fig. 6.



The bell warns me gentlemen that the hour is up. I will therefore conclude this lecture by stating that the great advantage of the plaster-of-Paris, in whatever way applied, over all other forms of dressings for fractures, is : *Its property of hardening rapidly*, allowing us to hold the fractured limb in its normal position until the plaster "sets." No other substance possesses this property in such a degree. Starch takes from 24 to 48 hours before it becomes hard. Liquid glass which makes a beautiful looking dressing, also takes some time before it solidifies.

CIRCUMCISION IN CONGENITAL PHYMOSIS.

WITH CASES, BY H. M. JERNEGAN, M. D., BOSTON.

That phymosis is a fruitful source of disorders during childhood, which are very frequently attributed to other or unknown causes, and that too little attention is given by physicians as a rule, to the examination of the urinary organs of male children, either at birth, or subsequent thereto, are facts verified by abundant experience.

That many a child has been prescribed for, while suffering from some one or another of the affections superinduced by a deformed prepuce, by physicians representing every school of medicine, without ever ascertaining the source of the trouble, I am quite certain ; that it ought not to occur I am equally positive.

The many troubles arising from teething, or from the presence of worms in the bowels, ought to suggest to the thinking physician, something more than an indicated remedy. If the irritation emanating from either of these two sources, can produce a long chain of symptoms, culminating in spasms and sometimes death ; may not an irritation of the glans penis long continued and without remission, caused by an elongated and constricted prepuce, full of pent up secretions, be followed by its peculiar chain of symptoms ; giving rise not only to local trouble, but producing symptoms of disease in organs or parts quite remote?

That such may be and sometimes is the case; and that circumcision is then the only proper course to follow, I am personally fully persuaded; and that the citation of a few cases bearing upon these points, may influence others to share with me in this opinion, I reasonably expect and believe.

Aside from its pathological bearings, I would call attention to the relation, that it may frequently bear to the development of that habit, formed often in early childhood, and upon the results of which in after life, the physician is so frequently and so persistently consulted—I refer to masturbation.

Knowing as we do, the tendency to this habit, among females as well as among males, it being greater in some cases than in others; and believing that the increase of this tendency is due to an hyperæsthesia of the organs—the clitoris in the female, the glans penis in the male—it will readily occur to our minds, that phymosis may be capable of producing this hyperæsthesia of the glans, thus serving as the stepping-stone to the practice of the above mentioned vice—and this perhaps will appear the more obvious, as we come to consider some of the early symptoms developed by phymosis.

Then again, as a sanitary measure alone, circumcision often proved most salutary. Although the last century has witnessed many advancements in surgery, yet the Jews of two thousand years ago were in advance of us in this particular, and none of the male descendants of Abraham have ever been permitted to suffer from annoyances and derangements, consequent upon congenital phymosis. But before proceeding to discuss further the development of conditions dependent upon phymosis—let us consider what constitutes phymosis:

Dunglison gives the definition of phymosis as "A disease which consists in a preternatural narrowness of the opening of the prepuce, so that it cannot be carried behind the corona glandis."

Accepting this then as a correct definition. of what we wish to express by the term phymosis, we are prepared to enter upon the consideration of the several conditions dependent thereon.

Phymosis at birth—or as it is termed congenital phymosis—is generally unattended by any noticeable symptoms at the time; and unless the medical attendant gives the organs a special examination, it passes without notice.

The length of time that may elapse before any troublesome symptoms develope, will depend upon the narrowness of the opening and the length of the prepuce, as well as upon certain exciting causes; such as acidity of or deposit in the urine. Among the earlier symptoms of irritation, a tendency on the part of the child to pull at the prepuce, and frequent erections of the organ, are quite noticeable.

Frequent attacks of inflammation soon follow; involving both the mucous membrane of the prepuce and glans, characized by heat, swelling, and painful micturition; and accompanied by a sero-sanguinous discharge. These attacks mark the progress of union between the prepuce and glans, until, in some cases it has been completed to the borders of the meatus urinarius externus. With some attacks, the symptoms become quite severe, the child being with difficulty prevailed upon to urinate; while again, even the possibility of doing so is precluded, owing to the swelling having effectually closed the minute opening in the prepuce. The secretions which collect between the glans and the prepuce, when adhesions have cut off their escape, accumulate in masses, varying in size from a millet seed to that of an ordinary pea; and not unfrequently give rise to unpleasant complications, by becoming the seat of an abscess, which is often both painful and troublesome. These abscesses if left to themselves, empty their contents either through the walls of the prepuce, or by channeling between the glans and its covering, discharge themselves through the prepucial opening. In either case, an unseemly scarring of the glans and firmer adhesions are the natural results. Besides these lesions, directly dependent upon congenital phymosis, and which sooner or later attend the majority of cases, we have to consider those conditions, which may be said to be indirectly dependent upon the congenital malformation, being caused by reflex nervous action.

The few conditions known to myself under this head are—hydrocele of the tunica vaginalis; contraction and abduction of the leg, simulating hip disease; and incontinence of urine, characterized as nocturnal eneuresis. There exists besides, a peculiar tendency to hernia, undoubtedly caused by the straining during micturition, and which is greatly diminished after the operation of circumcision; which may be performed in the following manner:—

OPERATION OF CIRCUMCISION.

Ether or chloroform having been administered, a director is inserted between the prepuce and glans, upon the dorsal aspect, and guided by this, a curved sharp pointed bistoury is made to divide the prepuce to a point about two lines in front of the corona. It will now be seen that only the integument, has been thoroughly divided. The mucous lining having only been niched. This membrane should now be divided, if free, by a pair of scissors; but if adherent to the glans, a director must be worked beneath it, and division accomplished by aid of the bistoury. The second step in the operation, is the separation of the adherent membrane from the glans, and may best be done with the scalpel, the back of the blade at the point, being used to divide the adhesions;—while the membrane is pushed back by the thumb, and fingers of the left hand. When this step in the operation is performed, and the prepuce can be reflected behind the corona glandis—such a portion of the prepuce is removed, by a pair of curved scissors, as will admit of only one-fourth of the glans being covered; the paring being done first on one side, then upon the other; meeting above at the point of termination of the first incision. In this paring process, I formerly spared the frænum, but now cut it away to avoid an unseemly bulging that I have frequently noticed when it has been left. All that now remains is to unite the integument and membrane with silver wire, which should be fine, and tied in a square knot, with ends cut close to prevent undue irritation; one suture being introduced at the frænum, another upon the dorsum,and two upon either side. Water dressings should be used for the first four or five days, when the sutures may be removed; after which sweet oil will prove the most grateful dressing.—The parts will generally be healed in about ten days.

CASES TREATED.

As a few among the most interesting and instructive cases, that have come under my observation, I append the following:—

Case 1st. In the fall of 1869, a well developed and apparently healthy child of six summers, was brought to me with hydrocele of the right tunica vaginalis. The mother gave the following history of the case: Had noticed about six months before that the child strained, and was quite uneasy when urinating, and that he would frequently pull at the organ. On examination, she had noticed a small swelling at the lower part of the right scrotum; this had steadily increased up to the present time, as had also the straining and uneasiness during micturition. For several days the child had cried whenever he had attempted to void urine, and for twenty-four hours had not voided any. Found on examination, that the bladder was distended—penis very sensitive, becoming erect and hard as soon as touched. Hydrocele of right tunica vaginalis, about the size of a hen's egg. There was also, congenital phymosis, marked by an elongated prepuce, puffy and inflamed, and presenting at its extremity only a slight indentation. A small probe, with some difficulty, was made to pass between the adherent margins of the prepuce, and carried as far as the meatus urinarius externus; when on withdrawing it, there was an escape of a few drops of pus, followed by an immediate and copious flow of urine. To prevent any recurrence of this kind, circumcision was recommended and performed; the prepuce being found adherent to the glans throughout its whole extent. The sutures were removed on the fifth day, and in two weeks the parts had entirely healed. The hydrocele had at this time decreased nearly one-half, and three weeks later had, to my surprise, entirely diappeared.—One year later I saw the case and there had been no return.

Case 2nd. Eddie G., aged four years, brought by his mother, to be treated for hip disease. On examination, found the right leg drawn up and abducted; resembling, very much, the position retained during the first stage of hip-disease. The child would cry if any attempt was made to straighten the leg—though rotation and pressure of the head of the femur into the acetabulum caused no pain. Discovered while manipulating, that there was congenital phymosis, and on questioning the mother, ascertained that micturition was accompanied with crying—the child would pull at the prepuce—and she thought the leg was drawn up more at that time. Fortunately for us both, I had been reading only a few days before, a case reported by Prof. Lewis A. Sayre, of New York, where the symptoms had simulated those of hip disease; and which had been cured by circumcision. I advised an operation, giving the mother my reasons therefor. She returned home to consult her husband, and on the second day returned, bringing me permission to operate—though firmly believing, as she had been previously informed by quite a respectable practitioner, that her child was suffering from the hip disease. The operation was performed as usual—the parts healed rapidly—micturition became easy, the limb gradually resumed its normal position, and when in about fifteen days the parts were entirely whole, no hip disease could be detected.

Case 3d. Willie G., aged 8 years, had been troubled for several years with nocturnal enuresis—has had treatment from several physicians with no improvement. There is congenital phymosis, but quite a freedom from the symptoms that generally accompany it; though occasionally he has complained of soreness,and some pain during micturition—mucous surface of prepuce adherent to the glans. Circumcised and cured.

Case 4th. Child aged four months, was brought by his mother, to the clinic of the N. Y. Hom. Med. College, because he could not urinate—had not done so for thirty-six hours.—Examination disclosed phymosis; prepucial opening narrow and filled by the product of inflammation. Scrotal hernia of right side, complicated with hydrocele. Child strains a great deal, so that the hernia cannot be reduced by moderate taxis. A probe passed to the meatus uranarius fails to evacuate the bladder; but a filiform bougie introduced half the distance of the urethra is successful. But the straining still continues.—The child is brought under the influence of ether, and the hernia not readily yielding is passed by, and circumcision performed. Heard no report of the case for ten days, when the mother returned the child, parts being about healed; she stated that the day following the operation, while dressing the parts the hernia disappeared with a gurgling sound—urine now passes freely—the hydrocele has also disappeared. A few weeks later there was no return.

IMPROMPTU FRACTURE DRESSING.—An impromptu fracture dressing equal to the Starch or Plaster Splint can be made by taking for the leg an ordinary stocking, for the thigh a tight fitting pair of drawers, and using the upper part of the leg—for the fingers or metacarpal fracture a cotton glove—for the arm and forearm a well-fitting undershirt, and after the fracture is set and the roller is put on and this coated with the gum and chalk mixture apply the stocking—glove—piece of drawers, leg or shirt sleeve according to the location, then apply the gum and chalk mixture to this, then apply another one and coat this with Starch or Plaster-of-Paris. This when dry forms a good hard useful splint.

CROTON OIL IN NÆVUS.—In *La Presse Med. Belge, (Homœopathic World,)* Dr. E. de Smet reports the rapid cure of a *Nævus* by pricking it with pins dipped in croton oil. The nævus was near the lower lid of the right eye, and had been treated by vaccination without effect. It was about the size of a half-franc piece. Dr. de Smet fixed fifteen sewing needles in a cork, so that the points projected about two millimetres. Having dipped them in croton oil he placed them over the nævus, which they had been so arranged as just to cover, and then by a sudden push of the cork he plunged them into the tumor. A little swelling and a few vesicles were seen next day. A crust formed in another day, and under it the vessels had some of them become invisible—others contained little clots. A little of the oil was brushed over the nævus, and this application was repeated three days later. No other treatment was required, the nævus having completely disappeared.

SURGICAL ARTICLES DEFERRED.—*Diseases of the Ear, The Pneumatic Aspirator, New Mode of Dressing Wounds, Wood's Hammock Splint, &c.*

Translations from Foreign Journals.

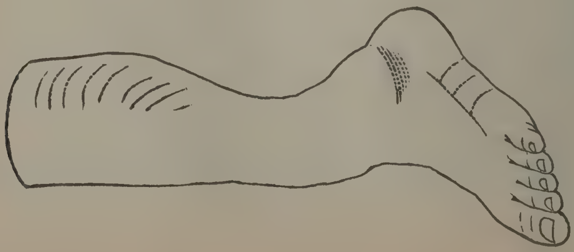
PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

LOCAL MALACIA OF THE THIGH.

BY DR. V. CZERNEY.

S. R., 22 years old, served as private during the war of 1870–71, and was exposed to the hardships of the campaign. Even then he frequently complained of stitching pains in the region of the internal malleolus. After the war he followed his trade as machinist. When entering hospital March, 1872, the left foot was somewhat swollen in the region of the internal malleolus, and not sensitive to pressure. The patient complains, that when standing long on his feet there are stitching pains in both malleoli. The foot looks as if it would become flat-footed. Rest and moist compression soon produced amelioration. Stromeyer's shoe was put on and the patient discharged.

A few weeks later he again returned, complaining that the amelioration lasted only a short time, that the pains were now seated a little higher up in the tibia, which was sensitive to pressure and swollen. Considering the case a chronic ostitis, a gypsum bandage was put on, a hole cut out and iodine rubbed in. The pains left him in a few weeks so that he could be again discharged. During his stay in the hospital the incurvation had not increased, but patient neglected to have his bandage renewed, and from the continued use of his feet the curvature set in as depicted in this figure.



The left leg is in its lower third curved in an obtuse angle forward and inwards, so that the tendo Achilles forms posteriorily a strongly drawn arch. Both bones are somewhat thickened at the place of the strongest incurvation. No pain is felt at a trial to straighten the bones; but they will not give. The muscles of the calf are somewhat weaker than on the right side. The foot stands in a slight valgoequinus position. Patient walks with the aid of a cane, but is easily tired and complains of pains in the region of the astragalus. Otherwise the patient feels well and looks well, and there is no other osseous anomaly.

Such cases must be very rare, as we find only a few in our medical literature.

Scutetten, (Gaz. Med., 1841, p. 428,) reports the case of a tailor, 25 years old, perfectly healthy, who suffered severe pains in the lower part of the legs, and gradually an incurvation took place, looking exactly like a valgus, but gradually the bone became firm again, so that it would allow him to follow his business as letter-carrier.

Solly (Med. Chir. Transact. XXVII, Sept. 1844,) describes two cases, which he considered osteomalacia.

The lower part of the leg curved in a man of thirty, the integuments became infiltrated and ulcerated. Amputation was performed on account of his declining health. Tibia and fibula showed loose lamellæ, which were thin and fractured easily —and the lamellæ were filled with a soft red mass.

Another patient of fifty suffered from osteomalacia of the thigh, which fractured from the least cause. The bone was thickened and curved. Orthopædic measures were applied, so that the man could walk again.

Mosetig, (Wien Med. Presse, 1868, No. 4,) describes a case under the name of *Osteohalisteresis*. The patient, 21 years old, felt a severe pain during dancing, but after a short rest kept on dancing. Since then he felt, off and on, slight pains, and observed Christmas, 1866, that his leg began to curve.—This curvation steadily increased, so that finally he could not walk any more and entered the clinic. The foot was in the valgus position. The bones were smooth, not swollen and no discontinuity could be observed. By careful daily bending and bandaging the foot in splints the foot became straight again. A solid straight apparatus was then applied, in order that the bone may regain its firmness. Volkmann referring to this case, remarks: that Mosetig is in error, for in such a case no halisteresis, i. e. partial loss of the lime, takes place. Most frequently we find an increased space for the marrow (rarefying ostitis,) and in two cases of necrosis with curvature there was even an infraction.

Weinlechner, (Wochenschr. d. Ges. d. Aerzte. in Wien XXV, 1869,) saw two cases, similar to those narrated; splints, iron and good nourishment were given, but when the patients were dismissed, the bones were still soft and curving.

We see, that all six patients were men of the laboring classes and of an age, when the longitudinal growth of the skeleton ceased. The disease set in with pains which did not prevent the use of the limbs, gradually a curvature of the leg above the astragalus set in, which remained soft and pliant, in some cases became hard and resisting. No definite cause could be found for these changes in the bones, and hereditary disposition or dyscrasia is in no case mentioned, although we might think of syphilis. Some authors consider osteomalacia a rachitis adultorum, but Virchow's exact experiments deny this statement, and he prefers to call it "*Ostitis deformans.*"

Strohmeyer considers syphilis the cause of ostitis deformans, and we lately had a case which seems to confirm this supposition. Mrs. N., 28 years old, is the only one left of four sisters. They all had died in their first year, although they were nursed by their mother. The parents died early. She consulted me on account of a periostitis of the right ulna,probably caused by a concussion 4 years ago,and rendering her sleepless on account of the pain. The patient looks pale; she had three children and several abortions. The upper middle incisores stand obliquely. Over the right ulna a painful fluctuating tumor, covered by normal skin. The right leg is curved in the same manner as in our picture; the tibia thickened with nodosities on its anterior surface. Since her eighth year she complained of pain in her right leg, but so far it did not much interfere in her walking. Iodide of potash acted admirably in this case, the pains gradually ceased and the size of the tumor diminished.

It will be therefore necessary in ostitis deformans to examine closely for congenital syphilis as is some cases antisyphilitic treatment might be beneficially conjoined to orthopædic treatment.—(*W. M. W. 39, 1873.*)

CEREBRAL AMBLYOPIA AND AMAUROSIS.

Dr. Georgis Apostoli divides this defect of vision, where the examination by the opthalmoscope fails to reveal any lesion into three groups:

1. Organic. 2. Nutritive. 3. Nervous.

Organic amblyopia and amaurosis is again divided into two subdivisions; the first including those amauroses, arising from *cerebral congestions*, caused by suppressed footsweats, or by epileptic fits. They mostly appear suddenly, and attack the whole field of vision, or a lateral half *hemiopia*, which is either *homonymous*,(pointing to the opposite hemisphere on account of the inversion of the picture and of the direct course of the external fibres of the opticus) or *crossed*, (externally crossed H. points to the chiasma or the posterior quadragemina, internally crossed to the external fibres of the optics,which pass without crossing through the chiasma, and to the anterior quadragemina.)

The second subdivision includes the Ambl. and Am., which depends on *organic* alterations of the centres. These are:—1. In the *brain*; softening of the corp.genic. or of the crura cerebri,periencephalitis diffusa (Calmeis). Sclerose en plaques of the thal. opt., apoplexy (only in the corp. genic. or quadragemina, the one in the corp. striat. or thal. opt. produces at most secondarily amaurosis,) tumors, atheromatous degeneration of the cerebral arteries, atrophy or hypertrophy of the brain, neoplasmata of syphilitic, cancerous or inflammatory nature, cysts, abscesses or any other morbid state of the hemispheres, corp. genic, quadragemina or tract. opt. 2. In the *spinal cord:* ataxia locomotrice and grey degeneration of the posterior columns. 3. Exostoses in the orbita, nasopharyngeal polypi, morbid states in the sella turcica, or in the arteries at the base of the brain. Such an amaurosis runs a slow course (except after apoplexy and mostly terminates in atrophy of the optic nerve. Both eyes are hardly ever affected in the same degree and peripheric vision less suffering than the central one. Hemiopia in fact is here not so sharply defined, than in the first subdivision. Dyschromatopsy at first to shades, later red and green are mistaken, blue remains for a long while, yellow the longest. The treatment is that of beginning atrophy of the optic nerves.

2. The *nutritive* influences depend on quantitative and qualitative changes in the blood. Quantitatively the blood is changed by every loss of blood, which may produce any degree of amaurosis, but it will pass off by removing the cause. Qualitatively the blood is changed by unknown influences, by imported nocuous matter and by such produced in the body.

Amblyopia alcoholique, amblyopia of drunkards is caused by introduction of such injurious matter. The patients suddenly feel a vail before their eyes; it is the same on both sides, and spectacles fail to make it disappear. The field of vision is not confined,the patient sees better at twilight, but not by artificial light, as in nyctalopia. Green will be mistaken at an early stage, then violet, red, blue, finally yellow. *Galezowski* showed that after some rest the color is again perceived, but if we change colors, the former impression remains so long, until the patient closes his eyes; and then only he becomes conscious of the second color. Shining metal colors are very hard to distinguish, the patients confound gold and silver—hallucinations and illusions—the opthalmoscope gives negative results. Galezowski found several times dulness of the retina, atrophy of the optic nerve, venous stasis; slight hemorrhages and to some extent disappearance of the arteries;—

the latter symptoms may be caused by the spasm of the blood-vessels from irritation of the sympatheticus (anæmia of drunkards.) Treatment: abstinence from all alcoholic stimulants; Bromide of potash up to 3 grains per day, Calabar collyrium, (Sulfate neutre d'es'erine 0,02 to 10 gram. water) a drop put into the eye against the vascular spasm. Opium—Strychnine injections, the constant current, tonica and all sorts of adjuvantia.

Amblyopia nicotique—runs a more slow course than the former, and both eyes are mostly attacked in different degrees. All narcotic and the narcotico-acid poisons may produce amblyopia.

By qualitative changes of the blood taking place in the body *Amblyopia glycosurique* is caused, which must not be confounded with the better known changes of the media in diabetic patients. Veil before the eyes; spectacles ameliorate for a time. Field of vision and recognition of colors intact. The disease comes and goes suddenly in the course of diabetes; except in severe cases, where the fog is heavier and the field of vision limited circularly or laterally. The rare cases of Ambl. and am. in albuminuria and uræmia belong to the same class.

The third group contains the *Amblyopia et amaurose nerveuse.* He begins with the *not simulated ambl.* and *am. hysterique.* Different hemiopiæ and dyschromatopsies, mostly sudden appearance, more frequently left than right or on both sides. The diminished sensitiveness of the retina corresponds to that of the conjunctiva and of the skin. A similar amaurosis is recorded in *mental diseases.* (A case is published, where it existed as often as the patient hallucinated and disappeared when she was herself again.) In persons *struck by lightning from the effects of the shock, too bright light, severe mental emotions. Ambl. and amaur. sympathetica* arises by reflex action, mostly from the trigeminus (neuralgia, even irritation or dentition, foreign bodies, in the teeth, caries dentalis,) helminthiasis and pregnancy may also cause sympathetic amaurosis.—[*Psychl. Centrbl., No. 2, 1873.*]

Materia Medica of New Remedies, &c.

PROF. E. M. HALE, CHICAGO. ILL., EDITOR.

POPULUS IN VESICAL TENESMUS.

BY E. M. HALE, M. D.

In my "Characteristics of New Remedies," I make mention of the eclectic clinical use of this remedy in diseases of the prostrate gland, in which vesical tenesmus was the prominent symptom.

Since that was written I have had many opportunities of verifying the value of that clinical observation. I have not confined my prescriptions to cases of prostratic disease alone, but to all cases where this one distressing symptom was prominent.

In three cases of extensive disease of the bladder and prostrate, where the urine was scanty and contained a large proportion of blood and pus, and the tenesmus was exceedingly painful, the *Populus* in doses of five drops of the 1 x dil. every three hours, relieved in a very short time. It had no curative effect on the structural lesion, but made the patients more comfortable In several cases where the tenesmus occurred in women, and the symptom was due to reflex irritation, the 2 x dil. afforded prompt relief.

In three cases of inflammation of the neck of the bladder in women, it removed the inflammation after *Cannabis* and *Cantharis* had caused but little improvement.

A lady who had been under my care for metritis, accompanied by vaginismus and cystitis,was discharged,apparently cured, but a ride in the cars all day brought back some of the symptoms of weight, pressure and aching in the pelvis, and worst of all,vesical tenesmus with frequent desire to urinate. I sent by mail some pellets saturated with Populus 3 x, of which she was to take 6 every three hours. In a few days she reported that all the symptoms disappeared in two days after taking the remedy. This sensation called *vesical tenesmus*, seems to depend on a spasmodic contraction of the muscular fibres of the bladder, more especially those near the neck. In large doses Populus causes, "*ardor urinæ, irritation of the bladder and urethra, with copious discharge of urine.*"

In the cases cured by me, there was little pain *during* urination, but as soon as the last drops were voided, or a little before, a severe, cramplike pain set in just behind and above the pubes, this pain often lasted ten or fifteen minutes.

I believe the Populus to be a medicine well worth an extensive trial, both by provings and clinical use, for by both combined we can attain to the largest knowledge of a drug.

MATERIA MEDICA:

WITH A PROVING OF HYDROPHYLLUM VIRGINICUM.

BY P. B. HOYT, M. D., OF INDIANAPOLIS.*

Inasmuch as many have said and written much on that exhaustless subject, "Materia Medica;" we think it no harm to "show our opinion also" for "in the multitude of counsellors there is safety."

It is an opinion, long entertained by many of the most brilliant lights of the medical profession, "That there is in nature a remedy for all her ills," or in other words, that nature furnishes a remedy for every disease. This is no doubt true to a great extent, so far at least as diseases are concerned where there is as yet no organic change, or more properly no destruction and loss of the organic structure of the more vital parts of the living organism. But that we have not, as yet, discovered a remedy for every condition of disturbance in the body and mind, needs no argument to demonstrate.

You will therefore at once perceive that in the study of Materia Medica, we have open before us a large and inviting field of inquiry, one in which we may labor with lasting benefit, not only to ourselves personally, but to the profession generally. You will also discover that we are not only an advocate of perfecting the tolerably well proven substances of our Materia Medica, but that we may also use *any and every means*, by which we may add *new remedies*, and new provings to it; that ultimately the physician may be fully equipped, and thus be enabled to meet every emergency.

To use the expression of another, we say "every remedy has its key note," or if you please, every remedy has its specific adaptation to disease, and this is only found upon a just and lawful application of the great principles of the law *similia*. In proof of this, we have only to notice the manner in which we have arrived at a knowledge of, and the application of the various remedies in every-day use among us.

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*Read before the Indiana Institute of Homœopathy.

At first it was not by thoroughly proved remedies, nor has the attention of the profession always been drawn to the usefulness of a remedy by such a proving. Nay more, I hesitate not to say, that not one in a thousand ever received his first impressions of the use of a remedy from such a proving. Let me illustrate my meaning. Take *Baptisia tinctoria* for instance. Baptisia had not the semblance of a proving, when a few years ago it was used by your speaker, empirically, it is true, in a case of abdominal typhus, and yet it proved an admirable remedy, saving the life of a valuable citizen. In more cases than one it has been of the most unqualified benefit in this terrible disease. And *now* that it has been tolerably well proved, we see why it has acted so well in this malady.

We might refer to other points of this medicine, substantiating the same idea, but what we say of Baptisia is true of every or nearly every remedy of the Materia Medica. The attention of the profession was first called to them by some wonderful cure accomplished by their use, accidentally or otherwise, no matter how, still always substantiated by a careful proving afterwards, and we expect many more valuable remedies will be added to our Materia Medica, starting from the same small beginning. It shows how watchful we ought to be at all times, that we may improve in knowledge by these little hints that come across our pathway.

I, for one, am never tired of hearing about new remedies, nor old ones either. They are our strength, for with them we conquer disease, save life, and cause the sorrowful to rejoice with joy and comfort. It was only at the last meeting of this Institute that "Pæonia" was shown to be one of our best and most reliable remedies in fissure of the anus connected with ulceration.

Said one of old, "*Behold how great a wood a little fire kindleth.*" Observe the action of every remedy, whether proved or not, use it where it is attested. even if is by an "old woman," or a non-professional person. You have nothing to lose by it, but will gain much that is valuable to yourself,and if you impart it to the profession, it will be of lasting benefit to them also, to say nothing of the suffering that will be thus relieved, and of life lengthened out to the comfort and blessing of friends.

I offer no excuse for these remarks, I know they are needed, and if we profit by them, I shall feel that I have been fully paid. I now wish for a few minutes, to call your attention to a remedy that has as yet received but little or no notice so far as my reading goes in any part of our literature, namely:

HYDROPHYLLUM VIRGINICUM.

This plant is quite common in some parts of the north and west, flowering about the middle of May. It is smooth with 5-7 main divisions to the pinnate leaves, the lowest pair two-parted, and calyx-lobes bristly-ciliate; flowers of a delicate light blue, the main stock is herbaceous and the whole plant is rarely over one foot in height.

My attention was first called to this plant in 1860, near Nashville, Tennessee. While strolling along the banks of the Cumberland river, I discovered on a bluff near by a cluster of beautiful flowers, and being a great lover of flowers, I with some difficulty climbed to the spot and gathered quite a handful. Not more than fifteen or twenty minutes after my eyes began to water and burn, with slight itching, this continued to increase, till when I arrived at my boarding house, I was suffering quite severely. My sister at once asked what was the matter with my eyes? and going to the glass, my eyelids were swollen and the sclerotica much injected presenting a fiery redness, there was some sensitiveness to light. These symptoms continued through the afternoon and evening, and kept me awake for some time. In the morning my eyelids were agglutinated, and on opening my eyes they were quite sensitive to the light. The burning and smarting were less, still my eyes discharged water more or less for two or three days, the symptoms gradually subsided and in a week I was well again.

I did not meet with the Hydrophyllum again till four years ago last spring, and on then gathering the flowers the same symptoms manifested themselves, but this time I had dull headache connected therewith.

Three years ago last spring, I tried it the third time with the same results. These hints were enough to satisfy me that in some forms of Sclerotitis it would be a most excellent remedy. It was not long before I had an opportunity to test its merits. The case was a tolerably well marked one of catarrhal inflammation, with the burning and watery condition well marked, I gave Hydrophyllum 3d, and no other remedy. The case recovered as by magic.

This is the only case in which I have used it. You have this for what it is worth. I shall use it as I have occasion and when well satisfied, will communicate for publication.

COCCUS CACTI IN DISEASES OF URINARY ORGANS,

BY E. M. HALE, M. D.

Twenty years ago, in 1853, in an Appendix to the "*North American Journal of Homœopathy*," was published the provings of some new medicines, and reprovings of some of the old remedies, under the editorials of Dr. J. W. Metcalf.

Among other provings was that of Cochineal (*Coccus Cacti.*) made by the Society of Austrian Provers, the same society that made the magnificent provings of Aconite, Thuja and Colocynth.

When I first read the pathogenesis of Cochineal, I was struck with the "Cough Symptoms," which closely resembled certain spasmodic coughs, and whooping-cough, for which affection the allopaths were then, and had been for many years prescribing this drug, and with considerable success.

The symptoms of the urinary organs also attracted my attention; but having used successfully for similar symptoms such well known remedies as Cantharis, Cannabis, Copaiva, etc., I failed to test the value of the Cochineal, and had nearly forgotten it, until Grauvogl mentioned it in his work.

Within the last few years, however, a larger experience than usual in renal diseases, convinced me that we need for the treatment of those conditions known as "Bright's diseases," other remedies than those in ordinary use.

In looking about me for remedies whose special sphere of action included the urinary organs, the kidneys especially.—I looked up my bound volume of Metcalf's New Provings and studied anew the pathogenesis of Cochineal; we certainly find in that pathogenesis symptoms unlike those in the provings of any other drug. Unfortunately, Metcalf omitted to give the doses used by the provers, and the frequency of their administration.

Granvogl asserts that it belongs to the same class of remedies as Pepsin, and must be given in massives doses in order to get its curative action, which he asserts is homœopathic nevertheless. While I would not dispute the dictum of such great authority, I must express my belief that the insect (Cochineal) must possess a specific poison, similar to that of the Apis, Cantharis and Doryphora, else it could not cause such severe symptoms. Certainly Pepsin can cause no such abnormal manifestations of disease, in any dose. At least I can find no record of pathogenetic effects from Pepsin. For nearly a year I have prescribed Cochineal, in the 1*x* and 2*x* trit. and in the 3*x* dilution, and have been able to remove many of the symptoms found in the following collection.

I have carefully studied the whole pathogenesis, and taken therefrom all the characteristic symptoms which *probably* belong to the urinary organs.

Few remedies in our Materia Medica present such an array of peculiar symptoms. But the clinical record of its use in urinary disorders, is so meagre that I can find none except the one case of Grauvogl, found in Vol. II, page 102, which is given at the close of this paper.

If the provings are trustworthy, and Grauvogl's experience seems to prove that they are, it is a pity that this remedy is not used more extensively. In order to call the attention of the profession to these symptoms, I have presented them in this form.

The Cochineal ought to prove curative in acute nephritis; renal colic; cystitis; urethritis, as well as the incipient and early stages of Bright's Diseases.

KIDNEYS.

Pressive pain in the renal region, extending by degrees to the bladder and its sphincter, accompanied by vesical tenesmus and frequent emissions of deep colored urine.

Pain in the kidneys with increased secretion of urine.

Lancinating and boring pain in the region of the kidneys, in the evening in bed.

Sudden, acute, prolonged lancinations, extending from the left renal region along the ureters into the bladder.

Attacks of *nephritic colic*, but seldom and not violent—with very copious urine, and dull pain in the urethra.

He jumps about, bends himself, and rubs his hypogastrium in order to relieve the *spasmodic pains in the kidneys.*

Excessively violent pain in the renal region siezes him suddenly when sitting quietly in the afternoon ; it radiates from the two sides of the kidneys, and differs from the pressive and drawing pain previously felt there, by its spasmodic character and extension, and can only be compared to the pain experienced in the testicles in consequence of a bruise.

Pressing pain through the ureters into the bladder ; relieved by discharge of flatus.

At 5 A. M., wakened by a drawing pain in right kidney, extending along the ureters into the bladder, at the same time a single lancinating thrust, and continual pressure in the urethra and the navicular region.

Bruised pain in the sacro-lumbar region and in groins (on waking.)

BLADDER.

Alternations of cramps, coldness and heat in the bladder,

Pain in the bladder during the night. with fruitless desire to urinate.

Excoriated, sore pain in the bladder.

Sensation of fullness and tension in the bladder without desire to urinate.

She is obliged to urinate very often after dinner, which together with a pressure analagous to that which is experienced at the period (of the menses) makes her think her bladder is diseased.

Feeling of fullness and pressure in the bladder extending towards the urethra, with constant desire to urinate and frequent discharge of normally colored and slightly acid urine.

Attack of pressure, tenesmus, and cutting pain in the bladder during which the face becomes red.

The pressure and pain in the bladder, continue even after the evacuation of urine.

Strong tenesmus of the neck of the bladder *after* urination, with tension.

Very violent twisting pain in the neck of the bladder, lasting a quarter-of-an-hour, and not ameliorated by the discharge of urine or flatus.

The sensitiveness of the epigastrium extends throughout the abdomen; lancinating, drawing and pressive pains especially appear in the groins and vesical region, which obliges her to keep her bed.

Lancinations, as if from needles extend from the bladder through the urethra, towards the glans,

URETHRA.

Burning in the urethra *when* urinating, and continuing *after*.

The burning in urethra and titillation in meatus cease after the discharge of clear straw colored urine; the sensation returns, however, several times in the day before urinating.

The burning in the urethra and swelling of the vulva continue fifteen days.

Very violent *lancinating* thrusts in the anterior portion of the urethra and glans, a long time after having urinated when in bed at night; they force him to groan and cry out, and last a minute-and-a-half.

Burning pain in urethra, with sensation as if a little stone were sliding along the urethra.

Sensation in anterior portion of urethra *before* urinating, as if pricked with a blunted needle.

Very *violent lancinations*, along the urethra, toward the glans, lasting several minutes, after urinating, (urine dark color.)

The meatus is so contracted and constricted that the urine flows very slowly, and as the vulva is excoriated the burning is very violent, and lasts an hour.

Violent *pruritus* and *itching* at the orifice of the urethra, obliging them to rub it constantly.

URINE.

Very *frequent,copious* discharges (with more powerful stream) of *pale, watery* urine, both by *day* and *night,* (primary effect.)

Frequent, scanty discharges of urine, but it is difficult, slow in coming, and takes place with *straining* and vesical tenesmus: (secondary.)

Urine first normal in color; it then becomes citron-yellow then brown, and finally red.

The urine becomes cloudy, and finally jumentous: (namely: like that of a horse.)

The *odor* of the urine is sometimes *alkaline,* often *ammoniacal,* also *cadaverous* (the latter when it is dark colored and cloudy.)

The urine seems to be *thicker,* like oil.

Very *acrid* irritating urine.

The urine contains mucus in the form of filaments, clouds and flocks and sediments, and the sediment is entangled with much mucus.

Lateritous sediment; also a reddish sediment of the color of brick-dust which adheres to the vessel.

(Purulent or bloody urine did not appear in the provings; but we do not know whether any chemical or microscopal tests were applied.

GRAUVOGL'S CASE.

Grauvogl reports the following case with prefatory remarks:—

"Here I wish to call attention to several organic substances which seem to be, as regards the organism, effective in their crude state and no other; as for example, Pepsin, Cochineal, etc. To attenuate such, to seek to give them in minimial or attenuated doses, would in many cases, without question, be an unwise procedure. This assertion will be disputed by homœopathic dogmatism. * * * *

Called one day to a poor patient, whose physician had left him three days before, with the assertion that he would soon get well of himself, I found the young man, 19 years of age, and of a very vigorous frame. He complained of insufferable abdominal pains at night, for which his physician had frequently bled him, generally and locally, and for laxative purposes, had given him Chamomilla tea, together with some white drug, while warm poultices were applied to the abdomen. * * * * * *

The cause of the disease was attributed to catching cold by sleeping in a bar-room upon straw in the month of January after a long walk.

The present complaints were: fleeting stitches in the loins; urging to urinate; pains in the limbs; general lassitude; little appetite; sweetened taste; thirst and headache in the forehead and temples. Further examination showed a face deeply red, nothing morbid in the chest; pulse one hundred, abdomen soft; the liver, spleen and bladder healthy. The nightly appearance of the pains alone, led me to think of inflammation of the kidneys, and a deep pressure upon the region of the left kidney, was responded to by a loud scream of pain; the region of the right kidney was also very painful.

The urine, for which I had now inquired, was of a dark color, had a white sediment an inch deep, over which was a granular layer, half-an-inch thick, deeply reddened with blood—so that I regarded there could by no longer any doubt of the diagnosis of an acute desquamative inflammation of both kidneys, and this was subsequently confirmed by microscopic examination of both layers; in the first of which I detected urates, while the latter consisted of blood and fibrinous casts.

* * * * * * *

According to the differential diagnosis of homœopathy, the case was such as indicated the use of *Coccus cacti*.

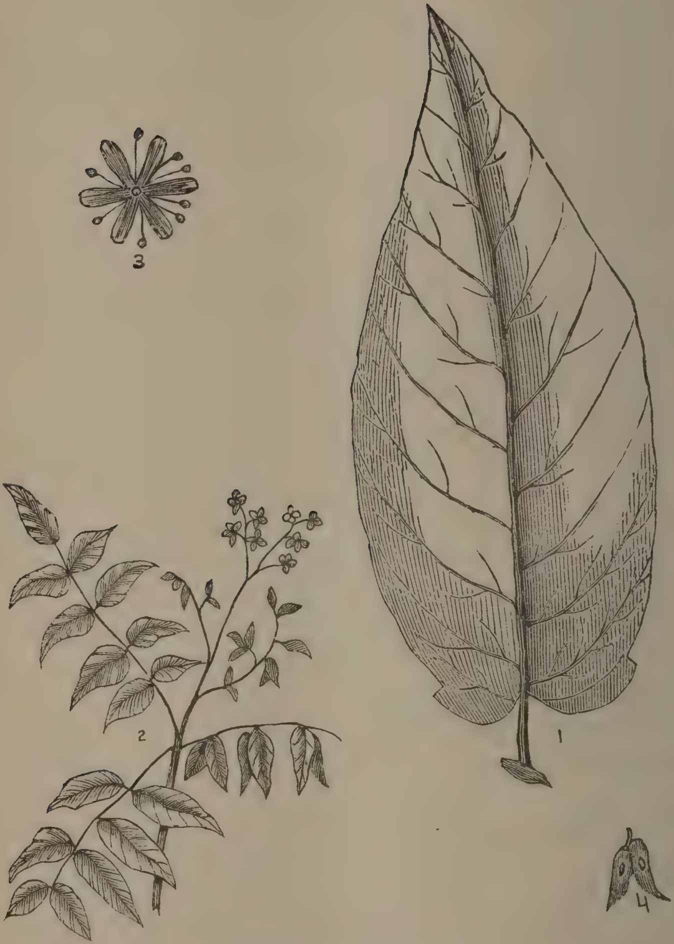
I let him take five drops of the third attenuation in water, every hour; and the next day I learned that the whole night had been as sleepless, on account of the inexpressible pains, as the previous six had been. Accustomed to find in acute cases, in a few hours after my prescription, some essential improvement at least, I received this news as an indication of the utter insufficiency of this drug. Under the use of a few other remedies, which I also thought indicated, though not so characteristically, the patient at length lost his strength and the pains became most agonizing. I cast about for aid from the experience of every school, and could, according to the homœopathic differential diagnosis, find no other of the many remedies indicated than Cochineal. This was indicated also, according to Rademacher. Now no scepticism, and no dogma could prevent my procuring *Coccus cacti*, in substance from an allopathic druggist in the form of a powder, a teaspoonful of which was given every hour. My labor was rewarded, as the pains next night were manifestly less, the night following less still, and on the third day of the use of the *Coccus cacti*, there was neither blood nor sediment to be found in the urine. The following night he enjoyed some hours of sleep, the first time for eleven days, and the patient was, in a few days relieved of his pains, his sleeplessness, etc. * * * *

How did this happen? Clearly, not only according to the law of the specific relation which existed here between the *Coccus cacti*, and the quality of this inflammation of the kidneys, but also on account of the given quantity of the *Coccus cacti*, and this quantity consists, as does almost the entire insect of tyrosine, an organic substance, which, like pepsin, is seldom used successfully in such cases, when attenuated, and that only in very sensitive subjects, and in a limited range of diseases.

This paragraph shows that the use of traditional doses cannot be dogmatically forbidden."

But it does *not* show that in other cases a smaller dose would not have been as useful. He admits that the remedy was chosen according to the law of *similia*, and the reader can see the close resemblance of the symptoms by comparing the symptoms cured, with the symptoms caused in the provings.

INCIPIENT CANCER. (*Homœopathic World.*)—The *Iodide of Arsenic* and *Iodide of Sulphur* are said to arrest tumors which bid fair to become Cancers. The great value of *Arsenic* in Cancer we have long known, but analogy gives us reason to believe that the *Iodide* may be a still more valuable therapeutic agent.



AILANTUS GLANDULOSA.

(Tree of Heaven.)

Fig. 1 Leaf.
Fig. 2 Terminal Branch.
Fig. 3 Flower.
Fig. 4 Fruit (*seeds.*)

AILANTUS GLANDULOSA.

Synonyms. Ailantus *Procere* Salisbury Ayglante, Aylanthe, Verne du Japan, Angick, Angika, Langit—*Fr.* Drusiger, Gotterbaum—*Gr.* Ailanto, Albero-di-Paradiso—*It.* Tree of Heaven—*Amer.*

The Ailantus (not Ailan*thus*, as many of our prominent physicians and authors spell it) belongs to the natural System Xanthoxylacæ and to the Linnæan system, Monæcia Polygamia.

Derivations. The word *Ailantus* was given to this genus by Desfontaine, who formed it from the Molucca name *Ailanti.* For a long time this tree was considered as a species of Rhus, whence the French name, *Verne;* Angik or Angika it is said, signifies the Tree of Heaven; hence the American name and the German name of Gotterbaum, Tree of the Gods.

Description. The Ailantus Glandulosa is a deciduous tree of the first rank, growing to a height of sixty feet and upwards. Its straight, erect, column-like trunk, from two to three feet in diameter, its gigantic boughs and shoots, clothed with large pendulous leaves, give it a noble appearance, and seem to justify the appellation—Tree of Heaven. The leaves are from one-and-a-half to six feet in length, pinnated, with an odd one, and having leaflets with coarse glandulous teeth near the base. (The accompanying plate is according to Brown, "Trees of America:" the "Treasury of Botany," however, gives a plate showing the leaves very coarsely serrated,)

On the first approach of frost, the leaves begin to fall, without having previously shown much change of color, displaying in this respect, a striking difference from the leaves of most species of Rhus, to which those of this tree bear a general resemblance.

The flowers, which appear in June and July, occur in rather large compact panicles, of a whitish-green color, and exhale a disagreeable odor. The keys, or fruit, resemble those of the Ash, but are much smaller and more numerous. In some years the tree is said to bear only male flowers; and L'Heritie states that only twice in ten years it bore male and female blossoms at the same time, in France. In his time it had produced fruit in the Jardin des Plantes, at Paris, and in the botanic garden at Leyden; but in both cases it was immature. It has since, however, produced perfect fruit, from which plants have been raised. It has also ripened seeds at White King's, near Reading, in England. At Philadelphia and New York, the seeds of the tree ripen fully in October, and plants are raised from them in abundance.

Pharmacology. I believe we have as yet no recognized officinal preparation of Ailantus. But on looking over the cases of poisoning, the provings, and the cures reported, I would suggest, that, until a series of experiments, and a full chemical analysis, of the different parts, are made, that the tincture be prepared by maceration from equal parts by weight of the flowers—(when in full bloom—and while they have their peculiar disagreeable odor,) the bark of the young shoots or the bark of the root and the ripe seeds; as this will certainly include all of the active principles.

As soon as I shall be able to obtain fresh specimens from the different parts of this tree, I intend making a series of analyses and experiments as to the best preparation for medicinal use.—[*Delamater.*]

Analogues. Æthusa, Agaricus, Arum tri, Arsenicum, Belladonna, Baptisia, Hyoscymus, Lachesis, Phosphorus, Rhus [tox. rad. and ver.] Stramonium, Solanum, Veratrum alb.—[*Hale.*]

Geography and History. The Ailantus Glandulosa is a native of the northern provinces of China, more particularly in the neighborhood of Pekin. Mr. Loudon states that the seeds were first sent to England, to the Royal Society of London,by the Jesuit missionary D'Incarville,in 1751; and that they were sown by Millar in the Chelsea botanic garden, and by Philip Carteret Webb, at Bushbridge, in Surry, the same year As the tree produced suckers freely, it was soon generally propagated, and there are many fine specimens of it growing in different parts of that country.

The largest tree of this species, is at Syon, near London. In 1835, it had attained the height of seventy feet, with a trunk three feet ten inches in diameter, and an ambitus, or spread of branch, of forty feet. Its trunk formed an erect column about thirty feet high, before it ramified, and its head was hemispherical.—This tree is said to flower, and occasionally produce fruit.

The Ailantus Glandulosa was introduced into France in 1780, by M. Blaikie, and the oldest specimens are at St. Leu, and at Paris. At St. Leu, there is a tree, planted by M. Blaikie, in 1794, which attained the height of eighty feet in forty years, with a trunk of from three to three-and-a-half feet in diameter. In the Jardin des Plantes, at Paris, there is another tree, which in 1835, had attained the height of sixty-eight feet, with a head forty-four feet in diameter, flowering most years, and occasionally ripening seeds. At Geneva, Switzerland, at the entrance of the Botanic garden, there is a tree of this species, fifty or sixty feet in height, which, when in flower, emits so powerful an odor that it may be perceived at a distance of nearly a quarter of a mile. The suckers from this tree shoot from the ground in every direction for forty or fifty feet. Many other interesting specimens are to be met with in the chief gardens and collections in Britain, Ireland, and continental Europe, and the tree is generally cultivated for ornament in all the temperate climates of the civilized world. It is not destined to thrive however, in a very rigorous climate, for it dwindles down to a mere shrub, no further north than Montreal, in Lower Canada.

The Ailantus Glandulosa found its way into the United States from two distant sources. It was first introduced from Europe in 1784, by Mr William Hamilton, at the Woodlands, near Philadelphia, and a sucker planted from the original tree in 1809, is at present standing in the Bartram botanic garden, which is sixty feet in height, with a trunk nearly two feet in diameter. On the authority of Governor Charles Collins, of Newport, this species was brought from South America, in about the year 1804, and was presented to General Andrew McCorrie, of Portsmouth, in Rhode Island, by a master of a vessel. From this tree there were numerous others produced by cuttings, and six or eight of them were planted in 1807, by Governor Collins, at Bristol, several of which were felled and sawed into boards about twenty years after. In about the year 1810, Rev. Henry Wright, of the last named place, procured a young shoot and planted it near his house, which has grown to a magnificent tree fifty-five feet in height, with a trunk seven feet in circumference, at a yard above the ground, and an ambitus, or spread of branches, of fifty feet. In Portsmouth, Bristol and Providence, there are numerous other trees of this species with trunks nearly two feet in diameter. In about 1620, Mr. William Prince, of Flushing, Long Island, imported the Ailantus from Europe, and from this source, most of the plants of this species in New York and vicinity have been supplied. It may be here remarked, that both male and female trees grow in abundance in the last named places, and that the male may be distinguished by its more graceful leaves and handsome form.

Propagation, Culture, &c The Ailantus Glandulosa may readily be propagated from seeds or by cuttings of the roots; but the former mode is far more preferable, as the tree is not so liable to throw up suckers as when produced by cuttings. The seeds should be sown, if possible, as soon as they are gathered; and if they are to be transported any distance, they may be sown in boxes of light earth, or sand and peat, protected under glass It will grow in any soil, though one that is light and somewhat humid, and in a sheltered situation, is considered the best. In France it is said to thrive on chalky soils, and attain a large size where scarcely any other tree will prosper. It grows with great rapidity for the first ten or twelve years, producing annual shoots from three to six feet in length, and under favorable circumstances, it often attains a height of fifteen or twenty feet in five or six years. Afterwards its growth is much slower, which renders it very valuable as a shade tree, in situations of limited space; although there is the disadvantage of the unpleasant odor of its flowers.* The leaves are not liable to be attacked by insects, which is a very great desideratum, and as we before remarked, they continue on the tree and retain their verdure till the coming of the autumnal frosts, when the leaflets drop suddenly off, and often leave their petioles on the tree some weeks longer.

Properties and Uses. The wood of this species is very hard, compact, of a deep red color, when old, resembling newly-wrought mahogany, and is often beautifully veined with deep gold color and red. It is susceptible of the finest polish, and has a fine, satin-like lustre, which renders it well suited for the purposes ot cabinet making. From its capability of being raised on meagre and worn-ouf soils, and the rapidity of its growth, it is thought this tree might be profitably cultivated for cabinet wood, or to be treated as a coppice, to be cut every third year for fuel. In France and Italy it is much valued for shading public walks, and is planted for that purpose along with the American tulip-tree [Liriodendron,] the horse chestnut, the oriental plane, and other large-leaved exotic trees. It also graces lawns and avenues in various parts of the United States, and succeeds equally well as in its native country.—[*Hale.*]

Clinical Indications. The Ailantus has been found useful in malignant typhoid scarlatina and measles; catarrhal coughs; ulcerated sore throat; diphtheritic angina; malignant tonsillitis and ophthalmia. It will doubtless prove useful in cases of typhoid fever; cerebro spinal-meningitis; choleraic disorders; puerperal fevers; œzena, &c.—[*Hale.*]

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* The Ailantus is not now grown as extensively as formerly as an ornamental tree in the United States. The odor of the flowers is extremely offensive to most persons; this, together with a belief that the emanations of its flowers is injurious to health, has created a prejudice against it. In some places epidemics of cholera and other unusual disorders have occurred during its flowering. In Washington City and Philadelphia hundreds of fine trees have been cut down in deference to this prejudice. I believe that Drs. Hering and Wells reported some cases of poisoning of children from exposure to the volatile poison of its flowers.—(*Hale.*)

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SYMPTOM REGISTER.

Hg.—C. Hering, M. D.
L.—A. Lippe, M. D.
A.—J. T. Alley, M. D.
A1.—Mrs. F.
A2.—Mr. M.
M.—H. Minton, M. D.
M1.—Male, aged 28.
M2.—Male, aged 21.
W.—P. P. Wells, M. D.
W1.—Girl, aged 15.
W2.—Young boy.
Wm.—W. Williamson, M. D.
R.—New Remedies, 3d edition.

PSYCHICAL.

Low spirited. A.

Continual sighing. A.

Depression of spirits. W.

Recklessness in regard to present or future events. A.

5. Stoical indifference to whatever happens. A.

Restlessness. A.

Great anxiety. W1.

Inability to concentrate mental effort; compelled to read a subject several times to get even a misty understanding of it. A.

Confusion of intellect; found it almost impossible to add column of figures correctly; had to go over it several times to get it right. M.

10. Loss of memory. A.

Mental alienation. A.

SENSORY.

Vertigo, especially when stooping. A.

Dizziness. W1.

Dizziness and confusion of the head. A.

15. Staggering dizziness when rising or moving. A.

A sensation of giddiness with nausea and sickness at the stomach. M2.

Tottering gait, with an inclination to stagger, requires extra effort to walk straight. A.

Giddiness, nausea, with retching and some vomiting.—Wm.

Slight headache, accompanied with nausea and giddiness. M.

20. The figures on the ledger began to dance up and down the columns, my head grew dizzy. M2.

Pain in the occiput, with dizziness and ringing pain in the forehead. A.

A fullness and somewhat of an intoxicated sensation in the brain. M1.

A fullness and burning on the brain. M1.

Apoplectic fullness of the head. A.

25. Thick, heavy feeling in the head, figures and letters look blurred. M.

Electrical thrill starting from the brain and extending to the extremities. A.

Feeling as if an electrical current were passing through the left side of the head. A.

HEAD.

Dull headache. A.

Severe headache. W1.

30. Headache with confusion of intellect. M.

Dull headache with burning in eyes (immediately.) Hg.

Dull headache with great oppression of bronchia. A1.

Dull heavy headache with heavy feeling in the sternal region. M.

Heaviness of the head with pain over the eyes; ameliorated by pressure. Hg.

35. Dull compressed feeling with confusion and pain in the forehead. W.

Pain in centre of forehead, more to left (in 5 min.) Hg.

A peculiar, heavy dull pressing pain in the forehead, of no great severity, but which indisposes to or even incapacitates for intellectual labor. This is always relieved by Aloes, 200th. W.

Between one and two P. M., a heavy frontal headache with drowsiness; slept two hours. M1.

Severe darting pain through the temples and back part head, with confusion of ideas. M.

40. Severe pain through the temples on waking. M1.

Tender, bruised feeling over parieto-frontal sutures. A.

Darting pain in the back part of the head. A.

Pain in the occiput, with dizziness and ringing pain in the forehead, and swelling in the left side of the face, below the eye, and upon the cheek. A2.

Severe pains in the head with chills followed by flushings of heat. M.

45. Tingling sensation of left arm and hand, with dull headache, no appetite, tongue coated, pasty taste (on waking in A. M.) M.

Pain in back, head, neck, and numbness extending from under the left scapula in a band down to the left hip. M.

EYES.

Beating in the occipital arteries. A.

Eyes feel rough and irritated as from wind and dust. A.

Smarting and aching as from powerful astringents. A.

50. Burning in the eyes. A.

Sneezed and experienced a sensation of cold about the eyes, and a gnawing in the chest. M1.

Light affects the eyes. A.

Photophobia. A.

Intolerance of light. W1.

55. Figures and letters look blurred. M.

Lachrymation in the open air, or by brilliant light. A.

Purulent discharge with agglutinated lids in the morning. A.

Conjunctivitis, with redness and inflammation extending around the external canthus. A.

Falling out of the eyebrows. A.

60. o Chronic gonorrhœal ophthalmia. A.

o Eyes suffused and congested; startled look when roused; pupils *dilated* and *sluggish;* in scarlet fever: Dr. Chalmers.

NOSE.

Itching and uneasy feeling around the nose. A.

Soreness and pain on the left side of the nose. A. 2.

Dryness and suppressed secretion, A.

Catarrhal obstruction, as from cold in the head. A.

65. Difficult breathing through the nose. A.

Loss of smell. A.

Chronic catarrh. A.

o Copious thin ichorous discharge without fetor; discharge of blood and pus. In scarlet fever: Dr. Chalmers.

FACE.

Dusky bilious complexion. A.

70. Complexion sallow and inactive. A.

Dark blue circle around the eyes. A.

Irregular spots of capillary congestion, as in the face of a drunkard after a debauch. A.

Hot, red face. W. 1.

Miliary rash more profuse on the face and forehead—especially the forehead—than upon the rest of the body. W. I.

75. Pain in the occiput with dizziness and ringing pain in in the forehead, and swelling in the left side of the face, soreness and pain on the left side of the nose, puffed erysipelatous face, feels heavy and sleepy, nausea coming on at intervals. A. 2.

On the second evening tearing in the upper and lower teeth of the left side, also in the face and head, aggravated by lying down and forcing him to walk about. External pressure relieves. Improvement only toward morning. L.

TONGUE.

Tongue coated, pasty taste, in morning. M.

Tongue thickly covered with a whitish coat, brown in centre. A.

o Tongue *dry*, parched and cracked; *moist*, and covered with white fur, tip and edges livid. Under the favorable action of Ailantus the clearing-off of the coating revealed prominent papillæ. In scarlet fever.—Dr. Chalmers.

THROAT.

80. Sensation as after applying an astringent to the pharynx. A.

Thick, œdematous, and dry choky feeling in the throat, continuing in the acute form only a short time and then becoming chronic. A.

A fullness in the throat just above the sternum, and a desire to hawk up something. M. 1.

Throat dry, rough and scrapy. More so in the morning. A. 1.

Irritability of the throat and hawking up of mucus. M.

She hawks up greenish puruloid matter from the throat. A. 1.

85. Hawking of mucus from the throat. A.

Constant hawking and efforts to raise lumps of whitish matter. A.

Raising of mucus and yellow matter from throat. A.

Great accumulation of matter, part of which is easily expectorated, while a portion is with much exertion detached in small flakes. A.

Croupy choking. A.

90. Throat tender and sore on swallowing or on the admission of air. A. 1.

When deglutition is painful the pain always extends to the ears. Hg.

Redness of the throat with or without pain during deglutition. Hg.

The fauces and tonsils are inflamed with spots of incipient ulceration. A.

Shedding ulcers, feeling as after the application of Nitrate of Silver. A.

95. Tenderness and enlargement of the parotid and thyroid glands. A.

Thickened and swollen feeling of the muscles of the neck. A.

o The throat is livid and swollen, the tonsils studded with numerous deep, angry-looking ulcerations, from which a scanty fœtid discharge exudes; the neck is very tender and swollen. o The tonsils are prominent and studded with ulcerated points. In scarlet fever. Dr. Chalmers.

NAUSEA.

Every morning nausea, and during the day a febrile heat. With this nausea (but frequently without it.) a diarrhea set in, four or five stools daily, with pains in the abdomen. Some times vomiting with the diarthœa. Hg.

With the nausea an oppression and pain below the hypochondria, in some like a stricture below the short ribs. Some find this symptom very debilitating. Hg.

100. Excessive nausea, but no vomiting, during the headache. Hg.

In women nausea similar to that of pregnancy. Hg.

Nausea and sickness at the stomach with sour eructations. M.

Nausea and vomiting. Wm.

Any food taken was speedily vomited. W. 2.

APPETITE.

105. No feeling of hunger, but eats his usual quantity. A.

No appetite for breakfast, tongue coated, pasty taste. M.

No appetite for dinner, everything tasting flat and insipid. M.

She could take no food, the sight of it made her feel worse. W. 1.

Appetite capricious. A.

110. Loss of appetite, slight nausea, disgust at food. W.

Loathing of food. M.

During the chill there was great hunger with a distressing sense of general emptiness. W2.

STOMACH.

Peculiar feeling of emptiness in the stomach. A.

Inactive condition of the stomach, as though its contractive power was impaired. A

115. Water tastes brackish and flat; no desire for drinks except when eating. A.

Took a teaspoonful of the tincture. In half an hour began to feel queer and somewhat frightened—a sensation of giddiness with nausea and sickness at the stomach came over me; cold perspiration stood out upon the skin; my fingers, in fact my whole body began to tingle and prick; my limbs felt as if they were asleep; the figures on the ledger began to dance up and down; my head grew dizzy; I staggered back and fell into my chair almost unconscious. Drank half a tumbler of Bourbon; soon began to vomit and purge, and was very ill for two hours.—Two days after was as well as common excepting some headache and a sort of numbness of the left arm. M. 2.

ABDOMEN AND STOOL.

Tympanitis. A.

Burning in the stomach and bowels. Wm.

Weak, burning, uneasy feeling in the bowels as of approaching diarrhœa. A.

120. Slight rumbling in the bowels. A.

A feeling of "insecurity" as if he would be attacked with diarrhœa any minute. W.

Bowels moved easier than natural two or three times a day. A.

Looseness of the bowels appearing more in the large intestine. A.

Colicky and griping pains in the bowels. Wm.

125. Frequent watery dejections which are expelled with great force.

Morning nausea with diarrhœa, which is sometimes attended with vomiting. Hg.

Dysentery, frequent painful stools, little fæcal matter much bloody mucus, with very little fever. Hg.

GENITALS.

A sore appeared on the prepuce of the prover which had the exact appearance of an incipient chancre; it dried up and disappeared in a few days after ceasing Ailanthus. [This sore and the rash are similar to those which characterize primary syphilis.] W.

COUGH.

Cough somewhat oppressed; expectoration muco-purulent, free in the morning, sticky and scanty during the day. A.

130. Deep, exhausting cough, with asthmatic expansion of the lungs. A.

Cough deep and painful. A.

Violent fits of coughing before retiring and on rising; she coughs continually until expectoration becomes free, afterwards is comfortable during the day. A1.

o Dry, constant cough, with oppression, burning, and pains in chest. A.

o Whooping cough. A.

130. o Dry, hacking cough—almost constant—attended with tenderness and soreness of the chest (occurring in measles). Dr. Freligh.

o Catarrhal cough, attended with dry coryza and heat of the throat and chest. Dr. Freligh.

CHEST.

Oppression of breathing. M.

Equable oppression as though chest was strapped. A.

Asthmatic oppression in the larger bronchi. A.

140. On the second day after suspending the drug wheezing, asthmatic respirating. A.

Feeling as though the air cells were stuck together; inability to completely expand the lungs; can hear the air-cells open (?) as the lungs expand. A.

Tired feeling in the lungs rendering it almost an exertion to breathe. A.

Pain with constriction or tightness of the chest. M.

Excessive tenderness all over the lungs. A.

145. Excessive soreness and tenderness of the lungs, compelling a suspension of the drug. A.

Soreness of the internal chest with pain and aching of the lungs. M.

Soreness and pain of the lungs increased; severe pains in the head, with chills followed by flushes of heat. M.

Pain and contracted feeling, especially through the centre of the left lung, sternal edge. A.

Aching in the anterior portion of the left lung extending to the posterior. A

150. Pain as from a small blade two inches at the left of the lower portion of the sternum. A.

Heated, burning feeling as from breathing hot steam or air. A.

Burning in the right lung. A.

Burning pain under the left shoulder. A.

Stitching and aching in the chest. A.

155. Aching pain directly under the clavicle sometimes extending to the sternum. A.

Respiration quickened. A.

Crepitant ronchus. A.

BACK.

Soreness in the glands of the neck with pain under the left shoulder blade. M.

Intolerable pain in the back of the neck, upper part of the back, and in the right hip joint. W2.

160. Pain in the head, neck, back, and numbness under left scapula extending as a band down to left hip, M.

Constant aching between the shoulders. A.

Aching, pressed feeling of the dorsal vertebra. A.

Aching, close on either side of the dorsal vertebra. A.

Shooting, aching pains in the shoulders and hips. A.

165. Constant sharp pain through the small of the back and hips. M.

SUPERIOR EXTREMITIES.

Pain in right scapula, deep inside (in 6 min.) Hg.

The pain in right scapula prevents motion of the arm—a similar pain in the right foot prevents walking (in one hour.) Hg.

Numbness of the left arm and a sensation as though the fingers were asleep. M.

Tingling sensation of left arm and hand on waking in A. M. M.

170. The numbness of left arm and hand, with pain in the shoulder, back, and hips lasted four or five days after ceasing to take the drug. M.

A sort of numbness of the left arm. M2.

Fingers tingle and prick. M2.

Electrical thrill, extending to the ends of the fingers. A.

INFERIOR EXTREMITIES.

Limbs felt as though they were asleep. M2.

175. Numbness of the left leg, with tingling, pricking pain in the foot and toes, M.

Feeling of uneasiness and aching restlessness in the limbs. A.

Heaviness of the extremities. A.

Pain in right foot prevents walking. Hg.

Severe pain in left foot, a kind of tension in walking. Hg.

180. Sleep disturbed and unrefreshing. M.

Heavy sleep during the night. M1.

Great sleepiness in the morning or forenoon; sleepiness the whole day, but this is not refreshing. Hg.

After drinking a glass of wine great sleepiness with fulness of the head. Hg.

FEVER.

Dry, hot skin especially in the morning, lasting until the middle of the day. [This symptom will coexist with Ailantus pulmonary affections. J.]

185. Cold perspiration stood out upon the skin. M2. [This will occur in conjunction with choleraic symptoms rather than as an integer of the Ailantus febrile *role*. J.]

Felt slightly ill on rising in the A. M.; could take no food; sight of it made her feel worse; was suddenly seized with vomiting; severe headache, dizziness, hot, red face; inability to sit up; rapid, small pulse; drowsy, at the same time very restless; great anxiety. In two hours drowsiness had become insensibility, with constant muttering delirium; did not recognize the members of her family. She was now covered, in patches, with an eruption of miliary rash, all of a dark, almost of a livid color. The patches between the points of the eruption were of a dingy, dull opaque appearance. The eruption was more profuse on the forehead and face than elsewhere, and especially on the forehead. The pulse was now small, and so rapid as hardly to be counted; the surface had become cold and *dry*;—the livid color of the skin when pressed out returned very slowly; the whole was a most complete picture of torpor. W1.

The chill was always preceded by a miliary eruption—most copiously developed on the forehead and face. During the chill there was great hunger, with a distressing sense of general emptiness. Any food taken was speedily vomited. Intolerable pain was felt in the back of the neck, the upper part of the back, and the right hip-joint. During the hot stage there was urgent thirst, with delirium, and a strong desire for brandy. W1.

[This group represents the *quasi* "secondary action." It supervened upon the poisoning depicted in S. 186, and the girl was subject to this *role* for a fortnight.]

o Pulse weak, sometimes barely perceptible, very frequent and irregular. In scarlet fever: Dr. Chalmers.

o Eruption, dark colored in many instances, and in some almost of a violet hue, scanty, patchy, evanescent, and often long delayed. In scarlet fever: Dr. Chalmers.

190. o Large maculæ and bullæ, filled with a claret-colered serum. In scarlet fever: Dr, Chalmers.

o Pectehiæ. In scarlet fever: Dr. Chalmers.

o The eruption is slow to make its appearance and never takes on the genuine scarlet color; it *remains livid.* R.

Ailanthus produces an eruption which has an exact resemblance to ordinary measles; but is attended by no catarrhal symptoms, or other concomitants of that exanthem. W.

GENERALITIES.

Immediately after taking one drop a dullness over the whole body.

195. Languor and lassitude on making exertions. A.

Incapability of standing long at a time. A.

Tottering gait, with an inclination to stagger; requires extra effort to walk straight. A.

All asthmatics who are exposed to the odor feel worse during the blossoming period. Hg.

The odor affects women and children more than men, and old people least of all. Hg.

200. If odor gives any indication, Ailantus should prove a good remedy in malignant puerperal fever. Hg.

Affects the organism in the following order: throat, lungs, eyes, head. A. [In prover M. this order of evolution is exactly reversed. J.]

After discontinuing the drug the head, throat and chest symptoms lasted for about twenty-four hours, and then gradually died away. M.

The numbness of (*left*) arm and leg,with pain in shoulder, back and hips, continued four or five days. M.

Two days after taking a teaspoonsful of the mother tincture, as well as ever, with the exception of some headache, and a sort of numbness of the left arm.—M. 2.

209 The neuralgic pains (facial) force him to walk about. L.

Aggravation. Evening; at night [In the nervous sphere.] L.

While lying down. L. [Neuralgic pains.]

Morning. During the day. [Chylo-poietic sphere.] Hg.

Amelioration. Towards morning. L. [Nervous sphere.]

210. By walking about. L. [Nervous sphere.]

By pressure. L. [Nervous sphere.)

Side of Body. Left.

Sphere of action. Most marked on the sympathetic system. Evidently on the par vagum. On the right half of the posterior column of the medulla spinalis. On the fifth nerve (through its connexion with the Pneumagastric ?)

Antidotes. Aloes. W. Nux vomica. Rhus tox. A.

[It was intended to have published this Symptom-Register in Bœricke and Tafel's *Bulletin*, as a "specimen brick" of the English provings in the perfected new edition of the Materia Medica. The *MSS.* were placed in Dr. Allen's hands whence I recalled them on receiving from my friend Dr. S. Lilienthal, the *MS.* of Dr. Hering's valuable observations.—When these had been incorporated, Dr. Allen decided that the scheme could not be printed as a specimen of *the* Mat. Med. because it contained Dr. Hering's gatherings, and we could not expect to draw upon his *MSS.* for the whole work!

S. A. JONES.]

250 West 25th street, N. Y.

CHLORAL IN PUERPERAL ECLAMPSIA, (*Gaz. Med. de Paris.*)—M. Dugardin extols the good effect of chloral in puerperal eclampsia and protracted labor. He thinks that it will replace chloroform in many cases, having the advantage over this latter of being employed where we require to keep the patient for a long time under the influence of some anæsthetic, In those cases of very nervous women, where the pains during the first stage of labor are very severe, or recur very frequently, and cause much unnecessary suffering and waste of power, chloral acts very beneficially, diminishing the frequency and intensity, but not the efficacy of the pains —thus shortening the duration of labor and lessening the shock to the system.

TYPHOID MORTALITY.—It is stated that since the death of the late Prince Consort, no fewer than 500,000 persons in England have been killed by typhoid fever.

Pharmacology and Posology.

N. B. DELAMATER, M. D., CHICAGO, EDITOR.

DIGITALIS.

The officinal preparation of this drug in our school is (according to the "British Homœopathic Pharmacopœia,") a tincture made from the leaves of two year old plants, gathered in the spring before the flowering stem has grown much.

Notwithstanding, this has been from the time of its introduction into Materia Medica (by Withering about 1775, as a diuretic,) one of the most prominent heroic remedies, and would seem to promise the best and most prompt effects as a remedial agent, under our law of cure, there are few drugs that oftener fail the practitioner in cases of emergency, when used in the officinal preparation.

In fact, many physicians owing to this failure, very seldom use it at all, while others laud the drug very highly, use it frequently and always get the most prompt effects ; this latter class we think, almost without exception, use an infusion of the leaves.

This preparation while it seems to be reliable, presents many objectionable features. It savors very strongly of allopathy, will not keep for any length of time, is always inconvenient to prepare ; and attenuations cannot be readily made from it. Very often in the smaller towns the leaves cannot be procured, and when they can, nearly three-fourths of them are wholly unfit for use, owing to mustiness or improper care in collecting and drying.

Prof. E. M. Hale, of Chicago, sometime since, proposed that the dried leaves be thoroughly pulverized, and that all the woody and fibrous tissue be carefully separated from the cellular, leaving a very fine powder from which attenuations could be made by trituration. This preparation removes some of the objections, seems to have better effect than the tincture, and is we think, now quite extensively used, but in cases of emergency where immediate effect is desired, it becomes necessary to make an infusion of this trituration. In fact, it seems as though it were impossible to get the full medicinal qualities of the drug except by infusion.

The great importance of Digitalis, together with the objections to all the preparations now in use, have led us to make some experiments, with a view to securing a preparation that could be prepared in the physician's office, would keep as well as any of his tinctures, would always be ready for use, that attenuation could be made from, would be perfectly reliable, and would be of a definite strength.

As a result we would suggest a preparation that might be called a permanent infusion, which seems to fill all the indications satisfactorily, and certainly has given us perfect satisfaction in any case where Digitalis is indicated.

Taking as a basis for the preparation, the infusion and Prof. Hale's suggestion of powdering the leaves, we prepare the *Permanent Infusion of Digitalis* as follows :

Procure some dried leaves having a bright lively appearance retaining some of the original green color (having not the slightest musty smell) and the bitter taste characteristic of the Digitalis, grind them thoroughly in a mortar, separate the fibrous and woody tissue, with a fine sieve (a milk strainer for instance) being being very careful to get nothing but the cellular tissue of the leaves. To one drachm of the powder thus obtained, add ten drachms hot distilled water, steep in a closely covered dish—not allowing to boil—down to seven drachms let it stand three hours, filter when it ceases to drop through, squeeze the mass in an old piece of fine linen, getting out all the liquid possible; when you have about five drachms of filtered infusion. Now place the pulpy mass (which is left after the previous process) in a covered vessel, pour on five drachms alcohol, allow to stand three hours, and filter in the previously obtained infusion. When thoroughly filtered the pulpy mass left is deprived of all but a sort of a woody taste—the operation is completed, and you have ten drachms of the *permanent infusion*, each drachm of which represents 1-10 drachms of the powdered leaves, and can very properly be called a mother tincture. From this the—

1st + dilution is made with 2 parts alcohol, } 1 +
" " 1 " distil'd water, }

2d + " " all alcohol, }
3d + " " " " }

To prepare a tincture from the green leaves—we would first slice finely ʒiv, add ʒv distil'd water and ʒv alcohol, heat in a covered dish quickly to 100° Fahrenheit, put in a strong bottle or closely covered vessel of some sort that will stand the heat, allow to stand six days and filter, and you have a mother tincture that is reliable.

MILK SUGAR IN A VEGETABLE JUICE.—M. Bouchardat has analyzed saccharine matter obtained from the juice of the Sapitillier (Achras Sapota,) and has found it to consist of

Fermentable sugar—Cane sugar, - - - -	0.55
Milk sugar, - - - - - - - - - -	0.45

This is we think the first well established proof of the existence of milk sugar in a substance of vegetable origin.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

HOMŒOPATHY IN THE UNIVERSITY OF MICHIGAN.

Arguments on the Question of Compelling the Appointment of two Homœopathic Professors in the University—The Case Dismissed for want of Jurisdiction.

The case of the Homœopathists *vs.* the Regents of the University was opened at Ann Arbor, December 23, 1873, in the Circuit Court before Judge Crane.

Judge Lawrence, of counsel, for the homœopathists, began the argument in the case by calling the attention of court to the jurisdiction of Circuit Courts. He argued that the constitution conferred the process of issuing a mandamus upon the circuit courts. Section 8 of Article VII of the constitution provides that the circuit court shall have original jurisdiction in all matters, civil and criminal, not excepted in the constitution and prohibited by law; and appellate jurisdiction from all inferior courts and tribunals and a supervising control for the same.

He argued also that they had power to issue writs of habeas corpus,mandamus,injunction, etc., as provided by the law and the constitution. Judge Lawrence claimed, furthermore, that whether necessary or not, the constitution gives express authority to circuits to issue writs of mandamus, and that this provision, of itself, is manifestly broad enough to embrace the case of a mandamus, and such jurisdiction is neither excepted by the constitution nor prohibited by law.

Proceeding to the second clause in his argument Mr. Lawrence said that the law as well as the constitution gives circuit courts the power to issue writs of mandamus in all cases within their jurisdiction. He contended further that a mandamus is a remedy, and as such cognizable by the common law. The statute—section 7104 of the Compiled Laws—recognizes the right of circuit courts to issue writs of mandamus, and it furthermore declares that whenever any writ of mandamus shall be issued out of the supreme court or by any circuit court of this State the person, body or tribunal to whom the same shall be directed and delivered shall make returns to the first writ of mandamus, and for neglect to do so shall be proceeded against as for contempt. Furthermore, if the court has power to issue these writs it has power to make orders, judgments or decrees, to the enforcement of which they would be applicable, and nothing of power or jurisdiction in the court is lost by the constitution, as all these writs are to be deemed necessary to carry into effect the order, etc., of the court.

The court has the power to make the order which requires the writ of mandamus for its enforcement, and therefore has, whatever may be the construction of the constitution, the power to issue the writ necessary to carry its order into execution.

On the motion to show cause why a mandamus should not issue by The People *vs.* the Board of Regents of the University of Michigan, Judge Lawrence said that the main and only inquiry in this case is as to the constitutionality of the act of the Legislature entitled, "An act to provide for the appointment of two professors of homœopathy in the Department of Medicine of the University of Michigan." While the act was plain, explicit and definite, free from all ambiguity and incapable of misconstruction, the only question was, did the Legislature have the power to pass it under the present constitution of Michigan? To support this question several reasons were submitted, the first of which was that prior to the adoption of the present constitution there can be no doubt but that the Legislature had full power and control over the University of Michigan. The doubt as to that power has arisen under the present constitution, and furthermore judicial doubts on constitutional questions are to be given in favor of the constitutionality of the law. And the power of declaring laws unconstitutional should be exercised with extreme caution, and never when serious doubts exist as to the conflict. Again, the Legislature, by its constant and continued legislation in relation to the University, has signified its construction of the constitution, and for nearly a quarter of a century has uniformly and continuously exercised its legislative power over the institution. He contended that the constitution does not prohibit legislative action in relation to the University. The construction of the constitution, as contended for by the Regents, would destroy the obligation of the grant from the United States to the State for the support of a university. Having detailed the provision of the constitution, the speaker thought the construction he had given them is the same as was contended for; and he held the same construction has been given to those acts by the Regents themselves. The government of the University to-day is carried on by the Regents under the act of 1851. The Regents have recognized the validity of the law of 1851 in the various expenditures of the University interest fund, and thus sanctioned the power of the Legislature over that fund.

He likewise contended that the enforcement of the act in question, requiring the appointment of two homœopathic professors, does not involve the question of the constitutional power of the Regents over the direction and control of the University interest fund. The Regents, by their preamble and resolution, not only assign false reasons for their refusal to act in the premises, but flatly deny the authority of the Legislature to pass the law.

They interpret the equal division of the Supreme Court as a virtual decision that the law is unconstitutional. There are two reasons for their declining to execute the law. First, they regard it as an infringement of their prerogative. Second, they refuse to enforce the act "from no factious opposition to the apparent will of the Legislature, but because they believe the true and best interests of the University demand it." In conclusion, the object of the University is the imparting of useful knowledge, and the objects of the University embrace the requirements of this law. The public good demands the enforcement of the law. The rights of the inhabitants of Michigan require its execution, and the spirit of the age approves it.

ARGUMENT AGAINST THE MANDAMUS.

Upon the reassembling of the court in the afternoon, Judge C. I. Walker, of Detroit, opened the case for the Regents. He maintained, by numerous citations from the law, that the power of the circuit court to issue writs of mandamus was exclusively confined to their jurisdiction. An inferior court has no authority in matters pertaining to the University unless it derives such authority from statute or the constitution. Though in some cases the circuit court has power to issue writs of mandamus, the only cases in which this power exists are when it is necessary to carry into effect its orders, decrees, etc., and when it is necessary to control inferior courts and tribunals in its jurisdiction.

Is the University an inferior tribunal, and as such amenable to this court? We have the authority that the word tribunal refers to a judicial body. I submit that the Board of Regents is not an inferior tribunal, and consequently this court has no right to issue a writ of mandamus upon them.

Upon the constitutionality of this question, as regards the divided opinion of the supreme court of the State in the previous hearing of the question, Judge Walker affirmed by citations from the law that in some instances the court had refused the issuing of a writ, and upon such record he relied for the authority of the court in this case. Judge Walker's argument occupied about an hour and a half in the delivery.

THE CASE DISMISSED—NO JURISDICTION.

At the conclusion of Judge Walker's argument on the mandamus case this afternoon, on motion of Gov. Felch, the briefs of the remaining counsel were submitted to Judge Crane for a decision of the case. He immediately decided that he had no jurisdiction in the case and dismissed it.

The following are the proceedings of a special meeting of the Board of Regents held at Ann Arbor, December 26th, 1873:—

On motion of Regent McGowan, that the board go into executive session, Regent Willard said he thought they had no right to go into such session. They ought to let the people know what was going on. He believed that the memorialists on the homœopathic question should come before the meeting with open doors, and that nothing showed so much weakness for any cause as to wish to shut the public out from their deliberations. He said the question of homœopathy had been discussed with open doors hitherto, and he saw no reason why it should be not so discussed now.

Regent McGowan. after short remarks from other members of the board to the same purpose withdrew his motion.

Regent Estabrook, before presenting his resolution on the establishment of a branch homœopathic school of the University at Detroit, said: He had visited the institution at Detroit, and he spoke quite in detail of the Homœopathic College there, and said that he had found, in conversation with the students, that they were very well satisfied with the College, etc. He further said that this question must be met. The time has come when something must be done.—He then presented the following resolutions:—

Resolved, That the Detroit Homœopathic College is hereby declared a branch department of this University, the same to be known as the Homœopathic Medical Department of the University of Michigan; that the conditions and requirements for graduation be the same as in the Medical Department now existing.

Resolved, That ——— be consituted a board of trustees for the local management of said department subject to the control of the Board of Regents.

Resolved, That an appropriation of $1,500 be made for the aid of said department.

Regent Willard remarked upon these resolutions, that the University ought to remain a unit, and not take under its care any other institution. If the State wants to establish an institution of the kind let it do so. We ought not to go back to that old policy of destroying the vitality and unity of the University by fostering other departments. The people of the State, he believed, would be much more likely to stand by the policy of keeping the University a unit, and not departing from it. The policy of the State has been to keep our educational system a unit at all times. It was an anomaly to recognize homœopathy at Detroit and not at Ann Arbor. Homœopathy must be recognized or not recognized. The Regents of this University will not do tnemselves the injustice to shirk this question. He considered also, that it was not a question for homœopathists to settle; it had gone from their hands. Friends of the issue have taken it in hand, and they will not desert the question until they find it unworthy of being recognized. As long as men act according to their consciences the Universisy cannot suffer. No agitation is going to impair its usefulness.

In referring to the people of the State who are interested in the question, the speaker said these men are among the best friends of the University, and they would do nothing to impair its influence. It is the duty of this board to act without fear. It seems to me that our efforts to establish an institution of doubtful legality, and to establish it elsewhere would seem to show that we are not treating the question fairly.

He then submitted the following substitute for Regent Estabrook's resolution:—

Resolved, That the recognition of the Detroit Homœopathic College as a branch or department of the Michigan University is inexpedient, since such recognition, beside being of doubtful legality, is contrary to and subversive of the uniform policy which has governed the board in keeping the University a unit, by avoiding the establishment of branches, and by the location of all its departments at one place.

Regent Grant said, that owing to the present condition of the finances it was inexpedient for any such action.

Regent Gilbert said that the board had always desired to adopt such a branch of the University as soon as the way was clear to do so. He said further, that the finances of the University were not at present in a condition to allow any appropriation for the purpose.

The question was put to the board by Regent Walker, whether they would recognize such branch if no pecuniary aid should be asked. Regent Walker said that if it should be recognized now, in all probability next year an appropriation would be asked for and would have to be made.

On motion of Regent Grant, both resolution and the substitute were laid on the table.

GYNÆCOLOGICAL DEPARTMENT.—This will hereafter be under charge of W. H. BLAKELEY, M. D., of *Bowling Green, Ky.*. an old friend of the *Observer*. He is a very acceptable writer, and one well qualified to do full justice to this branch of Medical Science. Contributors of articles on diseases of women will please to forward their papers to him, directed as above.

OBSTETRICAL DEPARTMENT.—This will be under editorial charge of *W. C. Richardson, M. D.,* of St. Louis, late Professor of Gynæcology in the Homœopathic College of Missouri. This department of our journal needs cultivation, and Dr. R. will doubtless bring it up to the standard it should occupy.

CLINICAL OBSERVATIONS—Editorial by Prof. Colton, and a large number of contributions for this department, are unavoidably laid over to the March number.

COMPLETE CLASSIFIED INDEX—is in progress, and will be mailed before the issue of another number.

SUICIDE OF A PHYSICIAN.—While a nurse in the City Hospital, Boston, was suffering from poison, taken with a view of ending her life, Arthur Foster, a young physician, was called to attend her. He prescribed for hysteria, and learning afterwards that the woman had taken poison and died from its effects, he became so chagrined that he killed himself.

HAY FEVER.—*Is the so-called Hay-fever or Asthma a Morbid Entity?* M. Decaisne read a paper upon this subject before the *Acad. des Sciences* at its seance of Aug. 25th, of which the following is a summary :—

From the study of fifty-one cases presenting all the symptoms of this disease more or less marked, extending over a period of eight years, the author concludes :—

(1.) That this disease attacks, indifferently, people who are engaged in gathering hay and those who are completely removed from it ; those who are exposed to the emanations of forage plants, and those who are not so exposed. In a word, without wishing to deny absolutely in a certain number of subjects the influence in a measure, of these exhalations as an aggravating agent, he considers that they play a secondary role.

(2.) The ensemble of the symptoms of this malady appears at all seasons as a result of chills, when the body is slightly perspiring, especially in emphysematous subjects, whether they are exposed or not to irritating emanations.

(3.) The annual periodicity of the disease, which has been so much insisted upon by many writers as a distinguishing characteristic of it, does not appear to the author to be at all constant, as he has seen cases which have remained for several years completely free from an attack.

(4.) As for the dyspnœa which is generally regarded as a pathognomonic sign of hay-asthma, the author regards it as being merely an extension of the irritation which affects the naso-pharyngeal mucous membrane, and must not be considered as a variety of idiopathic asthma.

(5.) He thinks that the affection known under the names of hay-asthma, summer catarrh, hay-fever, &c., ought to be regarded merely as "a catarrhal fever influenced and modified in its multiple causes in its progress and according to individual aptitudes, by the conditions which produce acute affections of the bronchial tubes."

(6.) Lastly, M. Decaisne considers that hay-fever ought to be erased from nosological tables as a separate morbid entity.

DOCTORS' VISITS, (*Dr. Ruddock.*)—It is not only for the sick man, but for the sick man's friend, that the doctor comes. His presence is as good for them as for the patient, and they long for him yet more eagerly. How we have all watched after him! What an emotion the thrill of his carriage wheels in the street, and at length at the door, has made us feel! How we hang upon his words, and what a comfort we get from a smile or two if we can vouchsafe that sunshine to lighten! Who hasn't seen the mother prying into his face, to know if there is hope for the sick infant that cannot speak, and that lies yonder, its little frame battling with fever? Ah, how she looks into his eyes! What thanks if there is light there! What grief and pain if he casts them down and dare not say "hope!" Or it is the dear father that is stricken. The terrified wife looks on, while the physician feels his patient's wrist, smothering her agonies, as the children have been called upon to stay their play and their talk! Over the patient in the fever, the wife expectant, the children unconscious, the doctor stands as if he were fate, the dispenser of life and death; he must let the patient off this time, the woman prays so for his respite. One can fancy how awful the responsibility must be to a conscientious man; how cruel the feeling that he has given the wrong remedy, or that it might have been possible to do better; how harassing the sympathy with survivors if the case is unfortunate,—how great the delight of victory.

PSYCHOLOGICAL ASPECTS OF THE PATIENT.—"More than ever now the physician must have knowledge of the soul; must feel, with finer senses, other pulses; and measure heats and chills which no thermometer can gauge. The mind, the burning passions, are his study; unwiting of these, or unregardful, half his work—often the larger half—is unperformed. Calm himself, he must for his fellow know ambition and despair; must feel how fiercely burns desire, and with what a leaden weight failure seals up the springs of life. Into the depths of another man's remorse he must enter, or how can he know how it corrodes the frame, and turns the healing waters themselves to bitterness? And his soul, too, must thrill with another's joy, lest he ascribe fancied powers to his drugs, and turn the very gladness of one man to the mortal damage of another. For who will tell us how much medicine has suffered by false virtues ascribed to remedies, because, perhaps, the doctor has wrapped up hope with his pills, or a sudden gladness has turned into the very elixir of life an ordinary draught?"—*Mr. James Hinton.*

ENGLISH MIDWIVES.—A London correspondent (*Philadelphia Medical Times*,) writes that it is calculated that there are ten thousand midwives practising in Great Britain, and that from 30 to 60 per cent. of the women in many rural places and manufacturing towns are delivered by midwives, many of whom are very ignorant. A great excess of mortality among lying-in women is the result. A deputation of the Parliamentary Committee of the British Medical Association has waited upon the President of the Local Government Board, on the subject of establishing an examining and public register of trained midwives.

HOMŒOPATHY AT THE VIENNA EXHIBITION, (*El Criterio Medico.*)—We learn that Dr. Willmar Schwabe, a distinguished pharmaceutist of Leipzig, connected with the grand central homœopathic pharmacy, has received the diploma of merit at the Universal Exhibition of Vienna for the magnificent homœopathic preparations exhibited by him.

EASY WRITING.—There is a good deal of truth in the remark that easy writing is generally very hard reading. Grace, lightness and vivacity are not unfrequently the result of exceedingly hard and painstaking labor. We have an illustration of this in the writings of the late N. P. Willis, which owed their popularity to these very qualities. A writer in a late number of the *Home Journal*, in giving an estimate of the literary character of Mr. Willis, says: "Although all of Willis's writings, judging from their easy elegance, seem to have flowed from his pen without the least effort, those of his friends who knew him most intimately assure us that he was far from being a ready writer. Four or five pages of foolscap were with him a good morning's work, and it sometimes happened that these pages contained so many erasures that they would not make a half column in his paper. He was always most painstaking and conscientious. Parton, who was junior editor with him for several years, says he knew him one evening to write and rewrite a sentence for two hours before he was satisfied with it. "He did the very best he could every time he put the pen to paper." This statement will doubtless apply to a great many writers celebrated for the gracefulness of their style. Like Sheridan's "impromptu's," their "airy nothings" are the product of hard literary workshops. Writing that seems to be as "easy as rolling off a log," is sometimes the result of labor as hard as that required to roll the aforesaid logoup a steep hill.

A DANGEROUS PAPER.—The *Journal of Chemistry* says the green paper used to wrap about lozenges, sold in shops, railway cars, and on street corners, has long been suspected to contain arsenic, and with the view of ascertaining the facts by analysis, we recently purchased a roll of lozenges covered with this paper.

A qualitative examination of the paper afforded all the characteristic reactions for arsenic and copper. The wrapper contained 20 square inches of paper. Of this 16 were taken for quantitative analysis. The result of the examination showed that this portion contained .1516 grams, or 2.34 grains of metallic arsenic. This is equavalent to 2.94 grains in the whole of the wrapper, a quantity sufficient to destroy life in an adult person. Children in all parts of the country are allowed to purchase the lozenges covered with poisonous paper, and the rolls are often put into the hands of into the hands of infants as a plaything. As everything goes into the mouths of young children, it is easy to see that no more dangerous substance can pass into a family than these packages of confectionery. It is quite probable that instances of poisoning have occurred from this cause which have been of a serious or fatal character. There should be laws prohibiting the use of poisonous paper for any purpose.

DEATH A RELIEF.—A German paper relates the following little incident which occurred in the hospital at Bildburgshausen. A Turco had been taken there who had been wounded at Woerth in the foot, in a manner that amputation became necessary. He bore his misfortune manfully, and only asked that it might be communicated in a letter to his betrothed in Paris. He was in a fair way of recovery and already able to leave his bed, when the following letter arrived from his intended "I have learned, with the utmost regret that you have lost you foot,but as I cannot possibly marry a cripple, I feel compelled to consider our engagement as not existing." The Turco said not a word, and laid the letter on his bed. His wound became worse and worse from that moment, and he died a few days afterward.

UNSELFISH ENDS.—Dr. P. James in the *Homœopathic World* says :— We do not accumulate stores of knowledge to consume it on ourselves. Our daily duty and delight is to distribute—to apply it. The fulfillment of this duty is its own reward, inasmuch as it is more blessed to give than to receive. The Medical art is thus like charity itself–

> "It is twice blessed ;
> It blesses him that gives, and him that takes,"

Let, then, the Practitioner and the Student of medicine, add to erudition and skill the gentleness that springs from the cultivation of the most refined feelings of our nature.

> 'The world's a room of sickness, where each heart
> Knows its own anguish and unrest.
> The truest wisdom, then, and noblest art,
> Is his who skills of comfort best ;
> Whom by the softest step and gentlest tone,
> Enfeebled spirits own,
> And love to raise the languid eye,
> When, like an angel's wing, they feel him flitting by.' "

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The Laugh Cure.

"A MERRY HEART DOETH GOOD LIKE A MEDICINE."—SOLOMON.

THE EPITAPH OF A "RESURRECTIONIST."—The following jocose treatment of a grave subject is from *Blackwood's Magazine:*

"Here lies an honest man, my brothers,
Who raised himself by raising others.
Anxious his friends from soil to save,
His converse still was with the grave,
To rescue from the tomb his mission,
He took men off to the physician;
And strove that all whom death releases,
Should rest, if not in peace, in pieces.
So here he waits his resurrection,
In hopes his life may bear dissection."

FEMALE DOCTORS.—The *Pharmaceutical Journal* quotes the following couplet from the "Nugæ Canoræ Medicæ," where the poet-laureate of the Edinburgh New Town Dispensary predicts,

"An' when the leddies get degrees,
Depen' upon 't there's nocht 'll please
Till they hae got oor chairs an' fees,
  An' there's an en' o' you an' me.
For a' that ken the woman craiter
Maun own it is her foremost faitur
To tak' to lecturin' by natur';
  An' hoo she'll do't ye sund 'll see."

THE LARYNGOSCOPE.—Paris has always many visitors, and it is now announced that many more are to come, among them many Asiatics, who intend to study our civilization, in which they succeed very well, notwithstanding the strange mistakes they sometimes make, like the one which I will tell you, to conclude:

It was at the Grand Hotel, on the boulevard. There were a large number of Japanese there, and among them a son of the Tycoon. One of our celebrated singers, and the inventor of a laryngoscope, intended for the examination of the interior of the throat, to see if there is any trouble there, called on the Japanese to show them his instrument, and proposed to them to try it on them. The son of the Tycoon refused to be the subject of the experiment, but invited one of his attendants to try it. The Secretary, too good a courtier to refuse, opened his mouth, and quietly allowed the instrument to be inserted.

But oh! sad fortune! The Secretary had just left the table, where he had dined very well. The laryngoscope, tickling his throat, caused him to at once throw up all he had eaten, as if he had been in a Roman *vomitorium.* The young Tycoon, and all the Japanese who were with him, at once broke out into shouts of admiration, and urged the singer—who did not understand this success, which he had taken for a defeat when he saw what happened to the unhappy young Japanese—to insert the instrument into the throat of each one of them.

The truth is, that these gentlemen had taken the laryngoscope for an instrument to cause vomiting They had dined well, and had but one regret, that they were too full to be able to begin over again. This fortunate instrument allowed them to do it. They applauded it, and, so soon as the operation was performed, all, including the amazed singer, went back to dinner, swearing that they would introduce it into Japan on their return.

Surgical Observations.

BUSHROD W. JONES, M. D., PHILADELPHIA, EDITOR.

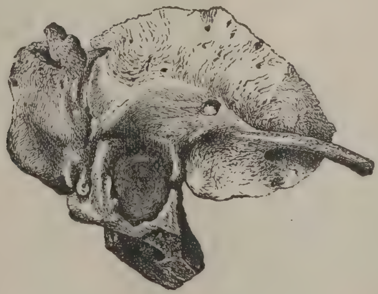
DISEASES AND INJURIES OF THE EAR.*

This work is a series of conversational lectures with additions and alterations bringing the subject up to the present time, and serving as a text-book for practitioners and students. Mr. Toynbee's researches are made use of and condensed, while in non-purulent catarrh of the middle ear, Dr. Dalby, differs entirely in his treatment from the former standard of authority of Toynbee. He uses Mr. Hinton's article in "Holmes' System of Surgery," containing the best authoritative opinions on the subject.

A number of wood cuts illustrating various instruments; structure of the aural apparatus, and also the structure of polypi of the ear, are found through the work which greatly aid in explaining the different parts of his observations.

Some of these are worthy of note and exhibition. For instance, Toynbee's cut of the osseus meatus externus of an infant is shown (Fig. 1.) and the following sensible remarks made thereon :—

Fig. 1.



The Osseous Meatus Externus of an Infant, (*Toynbee.*)

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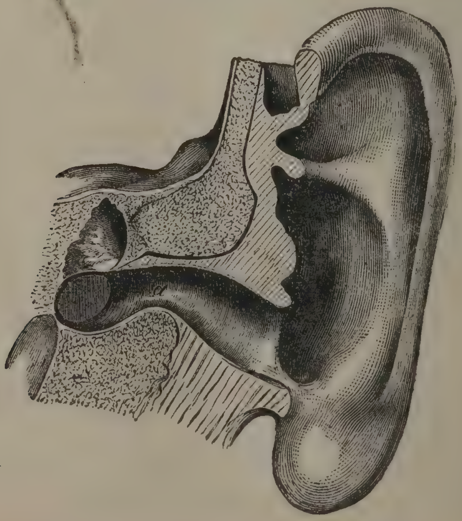
* *Lectures on Diseases and Injuries of the Ear:* By N. B. Dalby, F. R. C. S., M. B., Cantab, Aural Surgeon to St. George's Hospital, London, 1873. Lindsay & Blakiston, Philadelphia, pp. 228.

The length of the external auditory meatus, although varying in different individuals, is about one inch and a quarter, and the calibre is greater in some than in others. It consists of two parts, the external cartilaginous comprising one-third, and the other two-thirds being an osseous canal in the temporal bone.

At the bottom of this canal is the tympanic membrane, forming an angle of forty-five degrees or nearly so with the floor. With infants the osseous meatus is not developed, and the membrane is fixed at the outer part of the skull, being thus nearly horizontal in position. At this time of life the portion which eventually becomes bony is membranous, and later in life the freedom of motion which is permitted between the cartilaginous and the osseous part of the meatus when the auricle is raised, is due to some slight remains of the membranous part. Great care then should be exercised in dealing with the meatus of very young children, especially in the case of a foreign body impacted in this situation. In shape the meatus is somewhat oval, the longitudinal diameter at the external part being the longer, but at the other end the transverse. The whole meatus takes a gentle curve

Fig. 2.



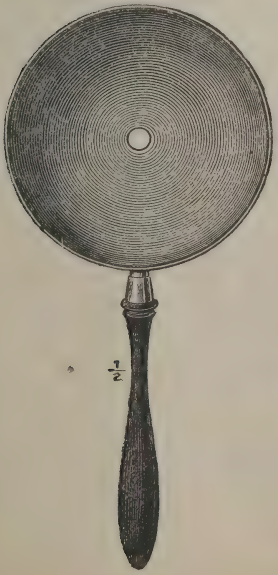
Vertical Section of External Auditory Meatus.

forwards. The upper wall of the osseous portion is nearly horizontal; but, proceeding inwards from the middle, the floor dips downwards, and on this account, and from the angle which the tympanic membrane makes with it, it follows that the floor is longer than the roof. It is partly for this reason, and partly because the calibre is smallest about the middle, that a foreign body which has passed this point is so liable to be pressed onwards in the efforts which are sometimes made made to extract it; and, again, it is for this reason that, in using the speculum, it must be tilted a little in order to obtain a complete view of the membrane.

The meatus is lined throughout with skin, which is continuous with that of the auricle, and a thin layer of it is prolonged over the tympanic membrane.

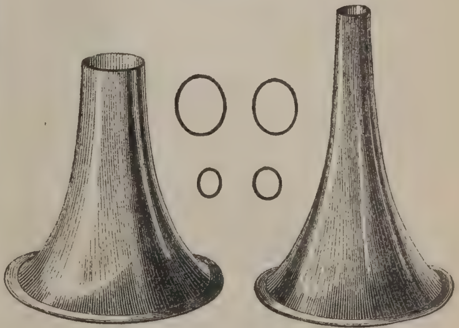
The *best plan* of examining consists in reflecting light from a concave perforated mirror (Fig. 3,) down a funnel-shaped speculum of the kind first known as Gruber's. (Fig. 4.) In consequence of the variety in the size of the meatus, several specula should be at hand (perhaps half a dozen,) the straight tubular part being oval in shape and having varying calibres.

Fig. 3.



Hand Mirror.

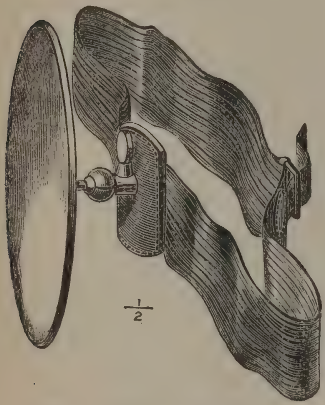
Fig. 4.



Ear Specula.

In introducing a speculum into the ear the auricle should be pulled upwards by the left hand, as this will raise the external movable part of the meatus to a level with the rest of it. In simple examination the reflector is held in the right hand, and when it is desirable for both hands to be free, as in any operative proceeding, it is worn on the forehead and fastened round the head with a band, in the same way as in examining the throat with laryngoscope (Fig. 5.)

Fig. 5.

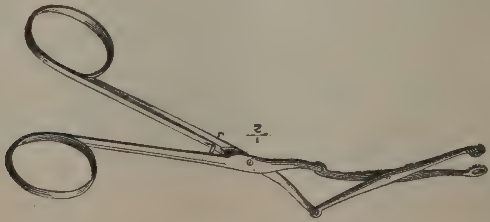


Mirror with frontal Band.

Thus two kinds of reflectors should be at hand. The best light for minute examination of any object is a bright diffused daylight and this applies as much to the external auditory meatus and tympanic membrane as to any other.

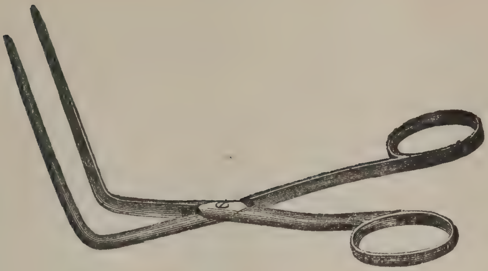
In extracting a foreign body from the ear, he exhibits a ring polypus forceps (Fig. 6,) and Toynbee's rectangular forceps, (Fig. 7,) and says: "No instruments should be used, excepting when, with the mirror on his forehead, light is reflected down the meatus, and the operator, with both hands free, can see what he is doing.

Fig. 6.



Ring Polypus Forceps.

Fig. 7.



Rectangular Forceps, (*Toynbee.*)

"With this precaution you will have no difficulty in extracting any foreign body from the ear, if it is of such a form that it can be closed upon by the ring polypus forceps, or is one which presents such a surface that the forceps can get a hold upon, that is, when it is of a soft nature or uneven shape. If it cannot be got out by these means, the next thing to be done is to syringe the ear, and in doing this, the nozzle of the syringe, which should be fine and probe-pointed,is to be kept at the upper part of the meatus, so that the returning stream of water may bring it away. A loop of silver wire may be sometimes passed beyond it, and by pulling at this it may be moved outwards; or the noose of a Wilde's snare may be used the same way, and the body sometimes by this means be secured and extracted. I once removed a cherry-stone in this way from a child's ear. Young children must have chloroform, not because they are being hurt, but because they will not keep quiet; and without this it is impossible to do any good. Adults will sit still in a chair, as they are not put to any pain."

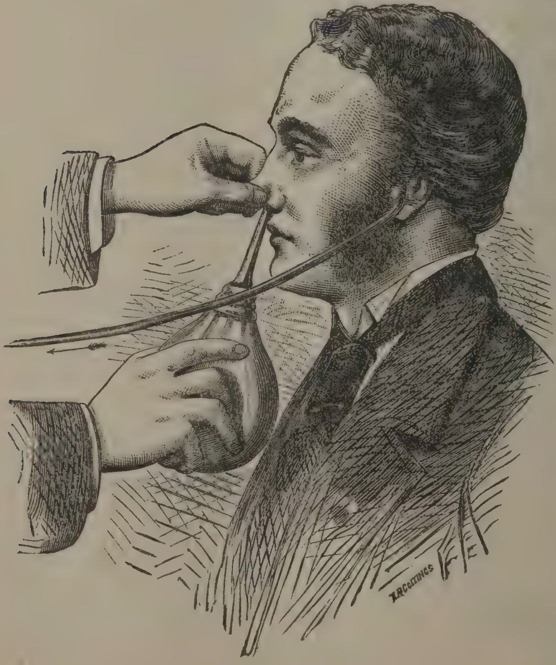
"Another method is this: The end of a rod is dipped into melted glue; the point thus armed is held in contact with the foreign body until the glue is hardened (about twenty minutes suffices for this); the rod is then withdrawn, bringing away with it the foreign body." We would ask why quick-setting plaster-of-Paris will not save time and do just as well.

"Any sort of forceps, however, which may suggest themselves to you at the time,may be employed (ordinary rectangular ones I have often found useful) as you cannot do any harm, so long as you never forget that it it not only silly but mischievous to trust to touch instead of sight, and to fish about in the dark when you have an easy means of illuminating the meatus at the time."

On Eustachian obstructions he remarks :—

"The means which we have at our command to overcome obstructions in the course of the Eustachian tube are in chief part two : viz, Politzer's method, and the catheter. The first of these two was introduced some years ago by Dr. Adam Politzer, of Vienna. It consists in passing a stream of air through the inferior meatus of the nose during the act of swallowing (at this moment the opposed sides of the faucial orifice are drawn apart by the palate muscles,) when the air will rush up the tubes into the tympana, and is described by Dr. Politzer as follows :—

Fig. 8.



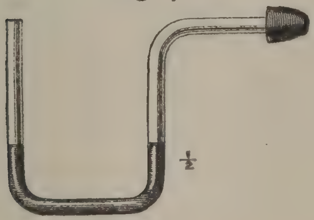
Politzer's Method of inflating the Tympana.

"The patient being seated, takes some water into his mouth to be swallowed at a given signal. The surgeon, placing himself conveniently to the right of the patient, grasps with his right hand an india-rubber bag about as large as the two fists, and introduces the nozzle of a somewhat curved hard india-rubber tube, movably connected with it about half-an-inch into the nostril,so that its concavity is in contact with the floor of the nares. The signal to swallow is now given, both alæ are at the same time closed air-tight over the instrument with the thumb and forefinger of the left hand, and, by a forcible pressure of the right hand the air is driven out of the bag into the now shut nasal cavity."

"Remember to compress the bag at the moment the patient swallows, and be particular in not permitting any air to escape from the nostril. The tube, you observe, is passed about one inch into the left nostril of the patient, the forefinger of your left hand compresses the right nostril, your thumb completing the closure of the left nostril. Having done this, the patient is quite conscious from the feeling in his ears that the inflation was a successful one. With a patient who is having this done for the first time you might, perhaps, have failed at the first attempt; he might not have swallowed immediately he was told to do so; just as you were compressing the bag he might have closed his mouth; you might not have completely closed the left nostril with your thumb, or perhaps, by including the tube in your thumb have closed it. A little practice will soon overcome these very small difficulties."

On inflating the tympanum he exhibits a manometer to show that the tympanum has an outward movement. It is a piece of glass tubing curved in the shape of a horseshoe, and open at both ends, has fitted to one end an india-rubber nozzle. Some colored solution is poured into the tube. The nozzle is fixed into the external

Fig. 9.



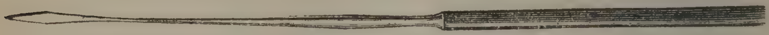
Manometer.

auditory meatus, which it fits air-tight. As the Valsalvan method is practiced the fluid is seen to rise in the distant arm of the tube, and, upon the patient swallowing, to fall to the original level.

On the treatment of catarrh of the tympanum and mode of incising the membrane he observes:

"While light is reflected down the speculum from a mirror fastened on the forehead of the operator, a vertical incision, about one-eighth of an inch in length, is made either in front or behind the handle of the malleus with a small double-edged knife made for the purpose. If expulsion of the mucus does not follow the passage of air through the cut on Politzer's plan, a weak solution of soda, or simply warm water, may be passed through the incision by means of a syringe the nozzle of which fits the meatus (it is carefully protected by a rim of india-rubber), the fluid passing through the tympanum and Eustachian tube out at the inferior nares as the head of the patient is bent downwards. In this way any accumulation of mucus in the tympanum is dislodged from its situation. The opening made in the membrane is thus merely the preliminary step of the proceeding, and is simply a means to an end, so is in no way a revival of the operation practiced by Sir Astley Cooper for the relief of Eustachian obstruction and the troublesome symptom of tinnitus. This at the best could only give very temporary benefit, as an incision in the tympanic membrane heals from two to five days.

Fig. 11.

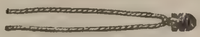


Knife for making incision in the tympanic membrane.
(*handle in figure half the length.*)

You will observe, too, that the object of the incision in these cases is very different from that had in view when it is made in the course of purulent catarrh of the middle ear: in the latter instance it is done to provide an outlet for the pus which fills the cavity of the tympanum, and which, unless let out in this manner, causes rupture of the membrane and more or less disorganization of the contents of the tympanum.

As might be expected, from time to time many attempts have been made to establish a more or less permanent opening in the tympanic membrane in cases of long-standing chronic catarrh, for it has been found that better hearing has frequently followed an artificial orifice in this structure, but has not been maintained for more than a few days, owing to the ready way in which incisions in the membrane heal. Small pieces have been cut out, but with a similar result. The nearest approach to success in this direction has been achieved by Dr. Politzer, who, after making an opening with a knife in the posterior section of the membrane and dilating it with a small laminaria tent, introduced a little eyelet made of hard rubber, and having a groove in which the edges of the cut membrane rested, and thus held it in position. Into the eyelet is fixed a piece of silk which lies in the meatus, so that there is no fear if the little instrument slipped into the cavity of the tympanum, of giving the trouble of recapturing it. In adopting this proceeding I have not found it necessary to dilate the incision, but have at once pressed the eyelet into the orifice with the forceps adapted for the purpose. In a good many cases the eyelet will remain for several weeks and occasionally for months in the position in which it has been placed, but it will sometimes be necessary to insert a fresh one, as the first more often than not slips out after a short time.

Fig. 12.

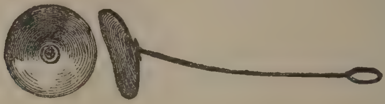


Politzer's Eyelet.

After the eyelet has been finally removed the small artificial perforation very rapidly heals, and it is this general tendency of the tympanic membrane to heal which makes all operations of this kind so uncertain in their permanent effects."

Fig. 13, the artificial membrana tympani of Toynbee consists of an india-rubber disk fixed to a piece of silver wire,

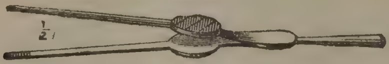
Fig. 13.



The artificial Membrana Tympani (*Toynbee.*)

andworn in the position occupied by the tympanic membrane: while another artificial membrane is made of a small plug of cotton-wool moistened with water or glycerin, and adjusted by the patient with the help of a pair of forceps to the same spots.

Fig. 14.



Forceps for adjusting Cotton-wool.

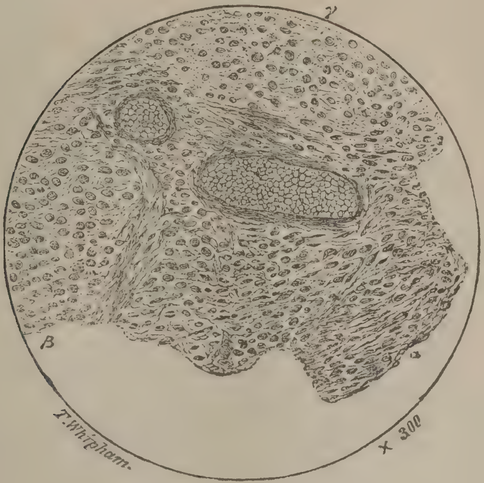
"The latter form is the more simple of the two, and when it produces equal improvement in the hearing to what is done by the other, it is by far the more preferable, its tendency being for good on the exposed surface of the tympanum, while the effect of the india-rubber disk is not unfrequently irritating, and increases the discharge.

The two accompanying drawings show the structure of polypi of the ear most commonly met with.

Fig. 15 represents a section of a polypus from the tympanum in a woman of thirty years old, removed five months after the attack of tympanitis which gave rise to the perforation of the membrane. The growth, then, must have been of very recent origin, and the cellular character of it is well shown in the drawing.

Fig. 16 is taken from a section of a polypus evidently of greater age. The subject of this, a man aged 35, had had a discharge from the ear for fifteen years before I saw him, so that it is impossible to say at what time the polypus began to grow. Except in regard to age, however, it possesses very much the same characters as the one in Fig. 15.

Fig. 15.



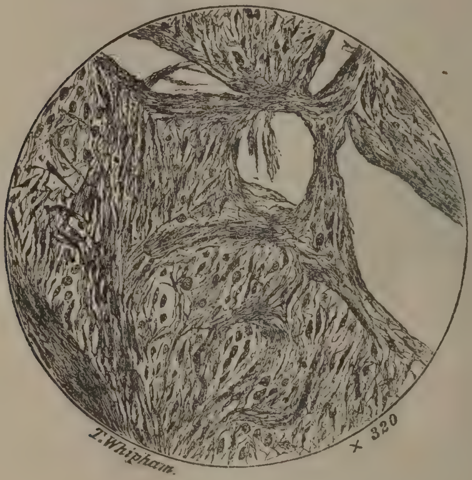
a. Elongated and oat-shaped cells; stroma more distinctly fibrous.
b. Round or oval cells, in a delicate fibrillated stroma.
y. Round cells in a granular homogeneous stroma, in which slight traces of fibrillation appear occasionally.

Two vessels are represented in the centre of the field.

"The microscopic appearances of this growth are briefly as follows: the surface of the polypus is composed of round cells, imbedded in a delicate fibrous network, but without any tendency to linear arrangement. At some little distance from the surface the cells become elongated or oval, and are placed in rows more or less parallel to one another. In the central parts of the growth the cells are considerably elongated or oat-shaped, and arranged in parallel lines. Perfectly formed fibrous tissue constitutes the chief portion of the centre of the polypus. These last appearances are represented in the sketch."—T. WHIPHAM.

Since this was written, similar structure has been found in all examined, except in the two following instances. The first case, Fig. 17, A and B, was a very large polypus, which I removed from the ear of a little girl in December, last year. The growth had been noticed for many years, and projected for some distance from the meatus, and arose from the lining membrane on the roof of the tympanum. I hardly need say that the membrane was gone.

Fig. 16.



"This was an elongated, somewhat lobulated tumor, of a gelatinous, semi-transparent appearance and very soft. It hardened rapidly in a solution of chromic acid.

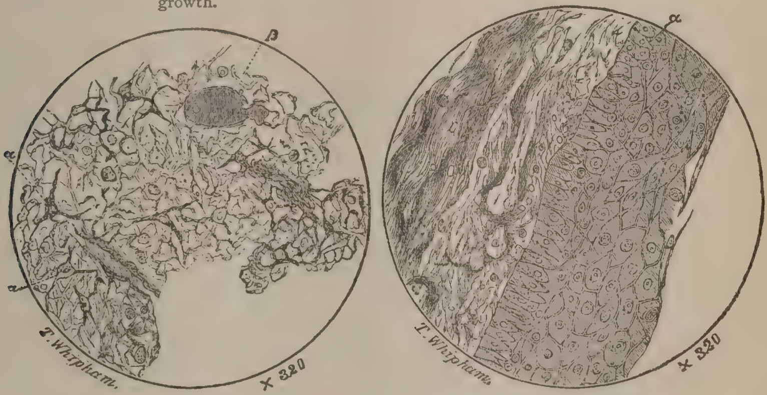
"Sections examined under the microscope showed the tumor to consist of a fibrillated interlacing stroma, which in some places was extremely delicate, while in others it was of a coarser texture. In the meshes were found, here and there, round cells, thinly scattered; and in other parts the branching and anastomosing cells, characteristic of myxoma. Occasionally fibres of yellow elastic tissue were present in considerable numbers, so that the growth answered in great measure to the description of myxoma containing elastic fibres, as given by Cornil and Ranvier at p. 146 of their 'Manuel d'Hisologie Pathologique.' However, these elastic fibres in many parts were absent, and then the tumor presented the ordinary appearance of pure myxoma.

Fig. 18, A B, represent sections of a growth removed from the tympanum in a girl, aged 22; she had had a discharge from the right ear from childhood, and succeeding to scarlet fever. During the past eight years she had a polypus removed on more than twelve occasions.

"The general appearances presented by the tumor are sketched in Fig. A.

"Fig. B represents the appearances seen in certain parts of the growth.

Fig. 17.



A.—Section from the central part of the growth.

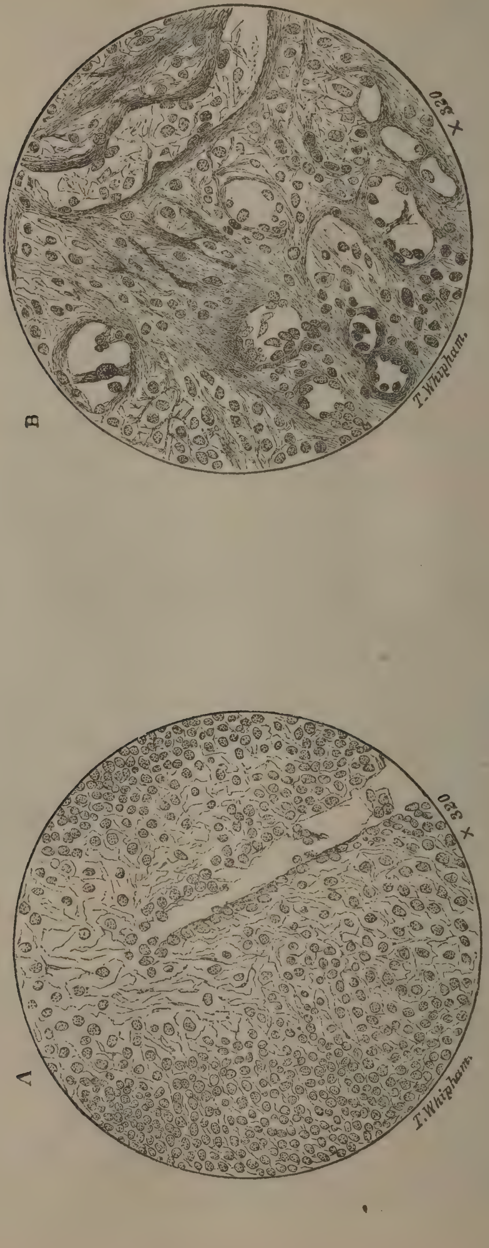
B.

a. Stellate cells.
b. Exudation of serum.

a. Layer of epithelium limiting the growth

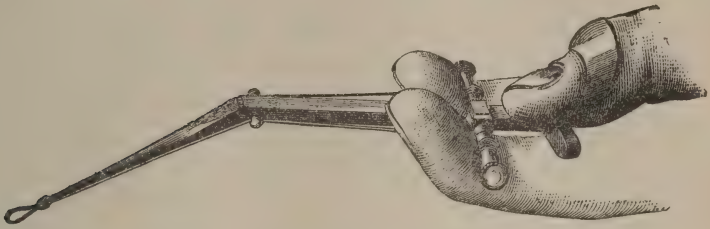
Tubes are seen lined with epithelium and surrounded by the cell-growth constituting the bulk of the tumor. The epithelial cells lining the tubes, are more or less oval in shape, and rather larger than those peculiar to the growth. Their walls are fibrous, and in some cases very delicate, while in others they are thick and dense. These tubes have very much the appearance of gland-ducts.

Fig. 18.



For removing polypus of the ear Mr. Dalby shows three other instruments seen in Figs. 19, 20, 21.

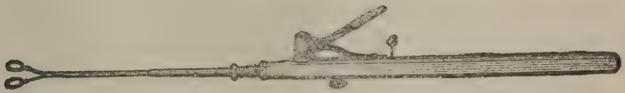
Fig. 19.



Wilde's Polypus Snare.

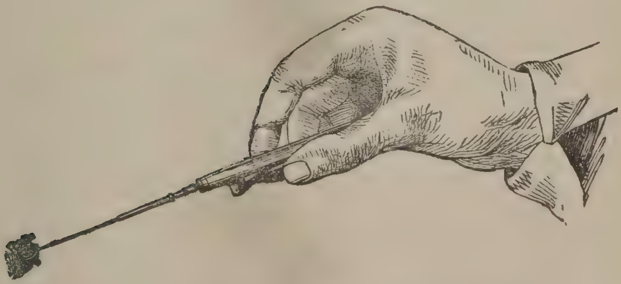
In the case of children with a small meatus Toynbee's lever ring forceps will be found a useful instrument.

Fig. 20.



The Lever-ring Forceps, open, (*Toynbee.*)

Fig. 21.



The Lever-ring Forceps holding a Polypus, (*Toynbee.*)

On Meniere's disease we will extract the following : "In 1861 it was noticed by Meniere to be of such frequent occurrence that he gave the subject of vertigo. happening in the course of ear affections, his careful attention, and at the present time, patients who exhibit a certain train of nervous symptoms are spoken of as being the subjects of Meniere's disease. It is of great importance that you should be familiar with this affection, as the knowledge may sometime or other serve you in good stead, for otherwise you might suppose a patient suffering in this way to be the subject of a brain affection."

"So far as I have noticed, when giddiness has been a prominent feature in deafness from nervous causes, where there has been a single severe attack of giddiness followed by impaired hearing, the deafness has been very considerable, and this whether one or both ears are at the time affected. Also, that that where less severe attacks of vertigo have succeeded one another, after each seizure in most cases the hearing has suffered diminution, and when these periodical fits of giddiness have discontinued, the hearing has not suffered any farther impairment.

" Lastly, in connection with these cases I am not acquainted with any treatment which is likely, with any degree of certainty, to ameliorate the deafness or tinnitus. Some of these cases have improved while taking small doses of strychnia, but whether it has been due to the medicine or to the influence of time is quite doubtful—I should think the latter."

On syphilitic inherited deafness and on obscure nervous affections, he makes some useful remarks, of which we will note :—

" Cases of this kind are sufficiently easy of diagnosis by the history and course of the affection, by the absence of causes in the outer and middle ear for the deafness, by the distinct evidence of disease existing in the nerve, as shown by the tuning-fork not being heard thro' the cranial bones, and by tinnitus.

This morbid condition of the auditory nerve would seem, therefore to differ in some respects from the others most commonly met with ; in the latter kind, with some very few exceptions, the deafness does not come on so early in life, seldom appearing before the age of puberty, neither does it advance so rapidly as in the syphilitic variety, nor, excepting in very rare cases, does it become so complete. It is important to recognize these points, for it frequently happens in examining obscure cases of affection of the auditory nerve that by noticing such circumstances one is led to look for evidence of a syphilitic origin, and in case of discovering it to arrive at a satisfactory conclusion.

Although in truth there is not much to be done in the way of treatment for these patients, and nothing of a local nature, you will warn them to avoid all habits or excesses which are of a nervously exhausting nature, and as apparently slight causes will sometimes plainly have a decided effect on the hearing, so will judicious care sometimes, so far as we can judge, act in a beneficial way in preventing the increase of the deafness.

It is notorious that some families inherit deafness; by this I do not mean that the children are born with defective hearing, but in early life they gradually become deaf in one or both ears without any discoverable cause for the fact. It has probably been only a coincidence, but I have more often than not observed this to run in the female line.

The book is a very useful one to the practitioner, as the subject is treated of in a familiar and readable way, and devoid of useless technicalities. B. W. J.

BULLET BROUGHT UP BY A EMETIC.—The Knoxville, (Tennessee) *Chronicle* says: "William France. who was shot some time past near this place by Deputy Sheriff Webb, is slowly recovering. The ball took effect in the posterior aspect of the body, passing through two of the ribs about two inches to the left of the spine, thence through the left kidney, thence into the stomach. Dr. Nat. Lyle, the surgeon in charge of the case, gave him some medicine, which proved an emetic, and he threw the bullet up on the floor, and it is now in the possession of the surgeon. Twenty days have now passed, and the patient is now doing well. Mr. France was charged with forgery, and ran, when Sheriff Webb came upon him."

NELATON.—The Philadelphia *Medical and Surgical Reporter* contains an extract from the *Lancet*, as follows:

"It is a pity that the circumstance which gained him the Imperial Court drove a colleague of his into an asylum for the insane. Jobert (de Lamballe,) had for some time secured the confidence of the Emperor when the Empress and her suite met with a carriage accident in Switzerland. The telegram sent to Paris said, "*Let Jobert start at once, or in his absence, Nelaton.*" Unfortunately for the former, he was out of town, and Nelaton went down to Switzerland. His services and his manner won the Empress; poor Jobert was supplanted, and he took the change to heart in such a manner that his mind became unhinged. Nelaton that period rose with wonderful rapidity. He attended sometime afterwards, the Czar's son at Nice, his honorarium on that occasion amounting to £16,000.

Practice of Medicine.

THE LIVER:

HISTORICALLY, ANATOMICALLY, PHYSIOLOGICALLY, PATHOLOGICALLY, AND CLINICALLY CONSIDERED.

BY W. MORGAN, M.D., CAMBRIDGE.*

ICTERUS—JAUNDICE.

(*Continued from page 31.*)

The digestive derangements are peculiar and noteworthy: the functions of the stomach in many persons afflicted with Jaundice are unaffected: the patient may have a clean tongue, and may enjoy an appetite which leaves nothing to be desired; but there is at the same time an abnormal condition of the functions of digestion going on, and sometimes the appetite becomes depraved, or morbidly increased, or there may be a craving for peculiar articles of food, such as lobsters, crabs, mussels or limpets. The want of bile does not influence in any marked degree the digestion of abuminous and carbonaceous aliments: but according to the experiments of practical inquirers, such as Professor Stadeler, Neukomm, Frerichs, the absorption of fat is considerably restricted: persons afflicted with Jaundice have, as a rule, a great aversion to fat in any form or quality; and after partaking of such, a large proportion of it appears unchanged in the evacuations. The loss in nutrition, which results from this cause, is sufficiently great to become observable in the course of time; hence the general emaciation of the body in prolonged and chronic cases of Icterus.

Another result of this abnormality—"but perhaps of less importance" is, the loss of the antiseptic influence of the bile, which permits of unnatural and unhealthy transformation of the contents of the alimentary canal; and the development of large quantities of gas; hence flatulence is a common symptom in Jaundice, more particularly if preference be given to animal food, when the fæcal matters emit a putrid odor. When however the food consists pricipally of vegetables and amylaceous substances, the evacuations yield no remarkable odor, and are of an acid nature, because a part of the carbonaceous food undergoes acid fermentation in its course through the alimentary canal.

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* *Homœopathic World.*

Of much greater importance however in a diagnostic point of view, and which should not be overlooked, are the peculiar changes which take place in the color which the fæces are wont to exhibit in Jaundice; because it is from the character of that excretion that we can most easily draw our conclusions, as to the more or less complete exclusion of bile from the intestine. When the obstruction of the bile-ducts is complete, every trace of bile-pigment disappears from the evacuations; they assume an ash or clay color, which only varies according to the nature of the food; their consistence is increased; they become hard and firm; and the bowels become sluggish. This tendency to constipation is so very frequent in Jaundice, that the assumption appears completely justified that it is owing to absence of bile in the bowels—whether the bile favors evacuation, by stimulating the peristàltic action of the intestines—or by increasing the natural secretion of the intestinal glands, or, again, by liquifying the ingesta, are questions which hitherto have not been satisfactorily cleared up. To my mind, however, the chief office of the bile appears to be, to act as an aperient—in fact—Nature's own "black draught." It may however, be observed that the character of the fæces are not always the same as just described, as the color will vary more or less in accordance with the complete or incomplete obstruction to the escape of the biliary fluid into the duodenum; amongst the partial or incomplete causes to the flow of bile may be enumerated—

1. A compression of a portion of the biliary ducts, as happens in cases of cirrhosis, or the so-called gin-drinker's liver, where the extreme ramifications of the biliary ducts are partially obliterated by the compression of the newly-developed areolar tissues; likewise in carcinoma, and tumors, which are wont to encroach upon certain of the large branches only.
2. Partial constriction of the principal duct, which impedes, but does not entirely arrest the flow of the bile.
3. Catarrh of the *ductus communis choledochus*, and hepatic duct, in which there is tumefaction of the mucous-membrane.
4. Angular concretions which cannot completly block up the the canal.

Occasionally we find persons suffering from Jaundice passing stools of a normal color, or of a pitchy hue. Two reasons have been assigned for this. Either the cause of the biliary obstruction has been suddenly removed, and the bile passes into the bowel, whilst the color of the skin remains unchanged, as often happens in the case of Calculi, and other rapidly-disappearing causes of obstruction; or there is a sudden cessation of an excessive absorption of bile, known as *Polycholia*.

DURATION OF JAUNDICE.

The duration of Jaundice is very various, and may fluctuate between a few days, and several years.

The determination of the longer or shorter duration of the duration of the disease depends principally upon its primary causes, the persistency of which may vary, and which may of themselves help to bring about a fatal termination speedily or slowly.

In the Dublin Hospital Reports, vol. v., page 103, there are two cases recorded by Drs. Graves and Stokes; in one, the Jaundice lasted eleven months, and in the other two years, before nutrition became impaired. Budd met with a case of Jaundice in a man which lasted four years with complete obstruction of bile, whose system continued well nourished. Deway describes a case of seven years' duration, and Van Swieten one of eleven years, in a female who was ultimately cured by "solvent medicines."

MODES OF TERMINATION OF JAUNDICE.

Jaundice does not disappear completely until some time after the removal of the causes which have occasioned the accumulation of coloring-matter in the blood.

When the cause consists in an obstruction to the passage of bile into the intestines, the recovery is announced by a return of color to the stools: the color becomes darker by degrees when the disappearance of the obstruction is gradual, as in catarrh of the bile-ducts; they become rapidly overcharged with bile, when from the sudden removal of the obstruction, the pent-up secretion of the gall-bladder at once finds its way into the intestinal-canal, as in the case of "calcareous obstruction" (stones) or spasm.

Not unfrequently, Jaundice terminates in death, which may be brought about by divers causes; sometimes by exhaustion; sometimes by blood-poisoning; sometimes from the so-called cholæmic intoxication; and sometimes by perforation, followed by peritonitis, or suppurative inflammation of the substance of the liver.

DIAGNOSIS.

The diagnosis of Jaundice is on the whole not a very difficult task, as its outward manifestations present so many features indicative of the complaint—such as the yellow tint of the conjunctivæ and skin; the pale clayey fæces and saffron-colored urine, which stains the linen of the same color; the slow pulse and itchiness of the skin. Moreover, the urine may easily be examined by the usual tests, so as to detect with certainty any bile-pigment which may be present. But the real difficulties in diagnosing this disease—"if it may be so called"—commences when we come to determine the cause, and apply a suitable mode of treatment to each particular case. Moreover, it is incumbent on the physician to be very guarded in his prognosis of this complaint, as it depends principally upon its causes; the natural course and modes of termination of the primary disease, and the greater or less probability there is of interfering with effect in the way of treatment, constitute the chief considerations which alone will enable us to PREDICT the result. A correct knowledge of each particular case furnishes us with grounds for a correct "prognosis" at once; and only where this is impossible do we want to remain in doubt as to the result. It must, however be borne in mind, that there are cases of apparently simple Jaundice, without any perceptible organic disease of the liver, where symptoms of blood-poisoning sometimes make their appearance suddenly and quite unexpectedly—death as a general rule invariably supervenes in such cases. Under these circumstances, the physician cannot be too guarded as to how he gives an opinion even in apparently TRIVIAL cases.

About three years ago, I attended a gentleman who had resided for some years on the southern slopes of the South American continent. He returned to England invalided.—He had, previous to my seeing him, consulted several medical men in London of the homœopathic school who treated him for dyspepsia. I diagnosed abscess of the liver—which was confirmed by my friend Dr. Vaughan Hughes. Shortly after this, alarming symptoms set in, the relatives suggested another opinion, and one of the city magnates was selected. We met in consultation, and to my utter astonishment he repudiated all idea of hepatic abscess, and gave a favorable prognosis; in three more days my patient was a corpse. A post-mortem, however, revealed an enormous abscess in the right lobe of the liver, having one communication with the stomach, and another with the right thoracic cavity, of recent origin. This case will be fully recorded when I come to treat on the more serious and malignant diseases of the liver.

CAUSES AND TREATMENT OF JAUNDICE.

In the treatment of Jaundice, the first and most important point to be considered is the various causes which have led to the accumulation of bile-pigment in the blood; the removal of these necessitates no further treatment against Jaundice itself, for let it be clearly understood that Jaundice *per se* is not a disease, but merely a symptom of such; remove the cause—the icteroidal phenomena disappears.

As might naturally be expected, the means employed for accomplishing these indications for treatment vary considerably, according to the nature of the primary causes of the disease—the "*fons et origo mali.*" These will occupy our attention when we come to treat of the individual forms of Jaundice, and of the corresponding affections of the Liver; calcareous deposits; and bile-ducts, etc. There are certain cases, however, where the cause of Jaundice cannot be influenced by any special mode of treatment; under such circumstances, all we have to do is to counteract in a suitable manner the injurious influences which the abnormal distribution of bile may exercise npon the entire system.

For this purpose, there are several leading points which should always be kept prominently in view, viz:

The reglulation of the functions of the bowels which have become deranged by the stoppage to the flow of bile;

The purifying of the blood from the mass of bile-pigment which has accumulated in it; and

The consideration of the further consequences which may befall the entire organism from the presence and effects of the above abnormal conditions, and more especially from the changes in the tissues of the Liver resulting from the stoppage to the normal flow of the bile; such results as general anæmia, dropsy, cholæmia, etc.

The deranged functions of the bowels which manifest themselves chiefly in the form of obstinate constipation and flatulence, may be considerably relieved by restricting the patient to easily-digested lean meat and vegetable food, and by avoiding all fatty articles, or such as have a tendency to create flatulence; and by the administration of *Alumina*, *Lycopodium*, *Leptandra*, *Nux vomica*, *Podophyllum*, or *Sulphur*, the sitz bath, etc.

As regards the second indication for treatment, the renal organs contribute perhaps more than any other to purify the blood from extraneous matter; and next to them come the glands of the skin surface. The secretion of urine—which in the later stages of the more intense forms of Jaundice is not unfrequently suppressed to a very serious and alarming extent in consequence of the deposit of coloring matter in the minute structures of the kidneys—must be combated from time to time by means of *Aconite*, *Cantharis*, *Nux vomica*, *Terebinthina* or lemon juice, which I have found eminently efficacious as a diuretic in three cases of chronic Jaundice, with very scanty secretion of urine; to these may be added diluent drinks, such as barley-water, linseed tea, seltzer, and other mineral waters of a similar kind, tepid sitz baths and cold compresses over the lumbar region. The functions of the skin—which is a great helper to the excretion of all kinds of effete matter—should be stimulated by means of tepid baths to which some ounces of soda may be added; or better still, a series of Turkish baths, which should be taken every second or third day, and continued for a considerable length of time; these are particularly suitable for the removal of the deposit of bile-pigment in the epidermal layer of the skin, particularly when it remains long after the removal of the obstruction of the bile-ducts.

(To be continued.)

CUNDURANGU AND USES.—*From Hygiene.*—That disciple of Izaak Walton who threw the trout back into the water because he was angling for minnows, is a type of a large class of medical men, as well as of too many of the public generally. Because cundurangu, advertised apparently in good faith as a cure for cancer, was found, on trial, to have no power over that disease, whatever might be it other virtues, it was forthwith sweepingly condemned as a humbug. Recent experiments by men properly qualified for accurate investigation - -the most thorough and conclusive of which are the works of Edmund Andrews, and eminent surgeon of Chicago—prove Cundurangu to be the most valuable addition to the materia medica made for many years—not, it is true, as a cancer cure, but as a powerful general tonic, and one unequalled in furthering plastic processes of growth and repair. Even in cancerous tumors it is found so frequently to diminish the pain, lessen the discharge, and remarkably improve the general health, as to furnish more of a basis for the claims which have been made for it than many an unquestioned "specific" would be found, on investigation, to possess. Its greatest value will probably be developed in military surgery, favoring so powerfully, as it does, the rapid healing of wounds and fractures on the one hand, while its "magnificent tonic influence on the general system," to quote Dr. Andrews' language, must make it an important prophylactic agent against those causes—insufficient and improper food, impure water, exposure, etc.—which the surgeon dreads more than the battle field. We make occasion to say this more readily, because of the certain recent strictures on Cundurangu, which have their animus in matters entirely foreign to the value of the drug itself.

BARYTA CARBONICA IN TONSILLITIS.—Dr. Ransford states in the *Homœopathic World* that he has found *Baryta c.* of the most signal service in Angina Tonsillaris. Its action is said to be more prompt than that of either *Bell.*, *Apis.* or *Merc.-sol.* Dr. Harvey also writes that he has seen *Baryta c.* of great use in chronic glandular swelling, and also in Acute Tonsillitis of the left side. The dilutions found most serviceable are the 6th and 12th.

Translations from Foreign Journals,

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

A CASE OF POISONING WITH COLLODIUM CANTHARIDATUM.

BY DR. E. SCHWERIN, OF BERLIN.

Mrs. G. 23 years old, well and hearty except some slight hysterical symptoms, enjoyed good health up to June 5th, when after a trifling quarrel she was attacked by crying spells and fell down unconsciously. The frightened mother hurried to her medicine-chest, and in the idea of giving her some etherial valerian, gives her on sugar fifteen drops of Collodium cantharidatum, after which the spasm subsided and she felt apparently well. An hour later she complained of terrible pains in the epigastrium with the remark, that she could pull off large flakes from the mucous membrane of lips and mouth. The pains increase from hour to hour in spite of all the usual antispasmodics, poultices and injections; she complains now of severe burning in mouth and throat, copious bilous vomiting, boring pains in both lumbar regions, especially on the left side, and of an excessively painful cysto-spasmus; the face is shining red, the eyes staring. Four hours had thus passed, when I was called in, and found the woman screaming and like crazy running about the room, the upper part of the body bent forward in nearly a right angle, both arms crossed over the abdomen; every minute she stands still to press out a few drops of urine with the most excruciating pains; from time to time a kind of cataleptic fits sets in; the eyes stare, the voice stammering; the pulse small, moderately frequent. Furor eroticus is *not* present. I prescribe Opium and Camphor ā ā 6 centigrammes every hour, and three leeches on every side of the lumbar region; orgeat (almonds pressed out and sugar water) as a beverage. After an hour the paroxysms gradually decrease, and after vomiting once more she falls into a deep sleep, accompanied by profuse perspiration.

June 6th, A. M.—T. 37^2 P. 90. The pains in the epigastrium, in the renal region and bladder are gone, defecation without tenesmus. The mucous membrane of the lips taken off as after a blister, the tongue covered with a thick creamy coating interrupted by shining red islets. Severe burning in throat; speaking and swallowing difficult. *The scanty urine passed contains large quantities of albumen*, but no blood. P. M., T. 37, P. 90. Slept during most of the day, neither pain nor stranguary; difficulty of swallowing continues. Ice, small doses of Opium.

June 7th, A. M.—T. 36.8, P. 90. Slept well and feels better. The fauces are of a deep red color, on the left side of the velum a large erosion. Urine copious, containing large quantites of albumen, but no other foreign element. ℞ Gargle of Sem. Lin & Kali chlor.—vespere: P. 84, feels well, only slight pains in throat.

June 8th. T. & P. normal. Urine contains no albumen, fluids can be swallowed, but solid food pains.

June 9th. Full recovery—(*Berl. Kl. Wchschrift, Nov.'73.*)

HYDRURIA.

Neuropathic Origin of Diabetes Insipidus from Meningitis Cerebro-Spinalis; from Trauma, from Syphilis.

Prof. *Mosler*, publishes the following cases in Virchow's Archiv. LVIII, I:

1. A boy of seven years had an attack of cerebro-spinal meningitis when he was two years, and it took him a full year to recover his strength. Since then he eats and drinks enormously, discharges a large quantity of urine and remains backward in his development. Entering the hospital we confirmed his insatiable thirst, and he passes in 24 hours 2,5090

CCM. of a very clear urine and of 1005–1002 specific gravity. Anomalies of the nervous system are not present. He remained a few weeks under observation, but neither Plumbum, Opium or Ferrum showed any favorable action. Prof. M. supposes changes in the 4th ventricle have taken place, which cause the hydruria, and such changes may be considered as sequelæ of the former cerebro-spinal meningitis.

2. A boy, now 17 years old, had a fall on his head at the age of three, and for 14 years he had been troubled with hydruria, and only complains of excessive thirst. He passes in 24 hours 7–9000 CCM urine of 1009 sp. g. *Plumbum acet* 0. 1 and Opium 0, 01, three times daily produced amelioriation.—A hæmorrhage in the 4th ventricle might have taken place at the time of the accident, and a cicatrix is left as a sequela.

3. Hydruria showed itself in a man of fifty as the first symptom of cerebral syphilis, followed at a later date by epileptiform spasms. After entering hospital disturbances of motility or sensibility could not be detected, but he complained of intense headache, intense thirst,and he passed from 8700 to 13,235 CCM.urine of 1003—1006 sp. g. *Inunction cure.* After that the quantity of urine sunk to 3150 CCM. and sp.gr.to 1005. After a few months he was again brought to the hospital. He was soporous, apathic, both arms paretic with complete anæsthesia of both sides of the face, of the trunk and extremities. After a few months suffering from gradually advancing paralysis the patient died. Autopsy revealed extensive softening of the left hemisphere,and of the medulla oblongata and pons varolii, probably caused by changes in the arterial walls. The left half of the medulla oblongata was smaller than the right one, atrophic and softened. The hydruria lasted two years.

Claude Bernard has proved by his experiments, that an injury to the medulla oblongata below the origin of the acusticus may produce simple diabetes.

Mosler found in another case published in the 43d volume of the Archiv, a neoplasma of the size of a walnut in the 4th ventricle, which caused the Hydruria.

Clinical Observations.

D. A. COLTON, M. D., CHICAGO, ILLINOIS, EDITOR.

EDITORIAL.

Clinical observations should ever be made an interesting concomitant in the practice of medicine.

Especially so in surgery, as its observations are not unfrequently more plain and demonstrative than are found in ordinary medicine. In each case, it is the effect of local appliances or general medication, of which special notation is made.

In this it is not necessary to be critically exact in the recognition of pathology or of symptoms. Of course, the observer is fully authorized to take a view of the totality of the symptoms, and as well to consider all the pathological bearings of each case.

Neither, as I view it, is the clinical observer required to be particularly select in his choice of either high or low dilutions. The well anthenticated effects of the 30 th and 200 th potencies; as for instance, of *Natrum muriaticum and Lachesis*, are sufficient to initiate all that the most sanguine high potentist might claim.

The idea that the 40 thousandth potency is efficacious is rather startling to the inexperienced observer. Yet if it is true, as the spiritualist avers, that matter touches spirit all the way from the atom up to the Universe, and that spirit essence is represented by a sort of ethereal nebulosity, similar to the gaseous aggregations which condense into worlds, it is not strange that the delicate forces in this frame of ours, should respond to what in figures and by comparison might seem an incredible potency.

Yet I cannot think that any potency is other than materialistic in character. The remedy must be either present in substance, or have transmitted its force to the vehicle, by means of which it is elevated.

On the same principle the low potencies are not to be derided. Even *Aconite* 1-10 may be administered in accordance with directions given by either Jahr or Hempel, and afford such clinical observations as not to place the prescriber without the pale of professional orthodoxy or practical success.

The clinic has its perplexities as well as other departments in medicine. He who has charge here, must answer some difficult questions, and these relate quite as much to the public as to the profession. The inquiry of the one case is made whether it be measles or scarlatina, in another it is demanded whether it be small-pox or measles.

Such questions are readily answered in cases that come under the ordinary rules for differential distinction. But in some of these cases the symptoms are so mixed and uncertain, as not unfrequently to puzzle experts in making a decision.

DIFFERENTIAL DIAGNOSIS—SCARLATINA—VARIOLA—VARIOLOID—VARICELLA—RUBEOLA.

As ordinarily observed, the characteristic features of small-pox, chicken-pox, measles and scarlatina may be briefly stated as follows :—

The pulse in small-pox is inflammatory or bounding ; in measles the pulse is less frequent and expressive ; in scarlet fever, it is characterized by its great frequency, accompanied by heat of skin. In chicken-pox the introductory fever is quite mild.

In scarlet fever and chicken-pox, the characteristic expression of each begins to show itself upon the skin on the second day ; in small-pox and measles the same occurs about the fourth.

In the scarlet fever there is soreness of the throat ; in small-pox the throat is often affected. In measles there are coryza and bronchitis, but rarely sore throat.

In chicken-pox the eruption is vesicular throughout, and appears on the second, or by the end of the third day. The most of the vesicles erupt within twenty-four hours from their first appearance, although there may have been several crops of them during this time. They attain their height on the third or fourth day of the eruption, and then burst and shrivel without presenting any cup-shaped depression.

Many other differential expressions of the above named diseases might be enumerated; these, however, are familiar to the profession—and indeed, enough have been named for the purpose intended, namely: To show the difficulties the *clinic* encounters.

These difficulties are patent when it is again stated, that in contagious diseases there are many exceptions to the clear letter of the text in their manifestations. Measles become mixed by the appearance of vesicles that crowd upon the otherwise characteristic crescentic patches of the disease. The otherwise unmistakable vesicles of chicken-pox, become pustular and even umbilicated in appearance. Varioloid, that variously shaded foreground of variola, may have the vesicular stage of its eruption inaugurated upon the body quite as soon as upon the face; and may even so far wander from the path of regularity as to begin to show itself on the second day.—Again, a scarlet rash with a high attendant fever may run its course in a little more than forty-eight hours, and even be followed by desquamation, and no other signs of scarlatina be presented.

In taking a survey of these diseases, it helps a little to bear in mind that the fever in chicken-pox, although it may be high, is yet out of proportion to the amount and rapidity of the eruption, when you compare it to variola or varioloid. Also, that although the eruption of chicken-pox may be pustular, the pustules are, so to speak, of a mushroom growth, with more transparent coverings than those of variola and varioloid. And that the contents of the pustules in chicken-pox, seem to lack that consistence and pressure from within outwards, which is observed in the other diseases.

It aids one in having observed, in the introductory fever of variola and varioloid, that the skin and pulse present to the touch, a deep, steady and determined advancement of the disease, while in chicken-pox, such manifestions are not present; the fever being superficial and less steady and determined.

It is a satisfaction to know that the vesicles in measles and scarlatina are usually very transparent and watery in appearance; that they erupt suddenly and are quite numerous in patches, leaving large spaces between such patches to be covered with the characteristic redness.

On the whole the clinical observer has the pleasure of cultivating at the centre, and of supplementing in homœopathy that pathogenesis which gives to the *clinic* an oaken grandeur and substantiality; *that pathogenesis* which there can be made a certain evidence of progress, without at the same time ignoring those clinical observations which preceded and aided in ushering in this new light in medicine. D. A. C.

BAPTISIA IN NEURALGIA OF THE BOWELS.

BY C. P. HART, M. D., WYOMING, OHIO.

In the long catalogue of diseases to which flesh is heir, perhaps there is none more difficult of treatment, or which yields less satisfactory results, especially when complicated with organic changes, than neuralgia of the bowels. This arises, no doubt, to a great extent, from the complex variety of causes producing it—involving, as it often does, both the cerebro-spinal and the ganglionic systems of nerves. Any contribution, therefore, however limited,to our present stock of clinical experience, will doubtless be hailed with satisfaction by the profession.

I have been recently called upon to treat a case of this character, which had previously baffled the skill of several eminent physicians of both schools.

Geo. B., of V., was a prisoner for eight months in Andersonville. He was so broken down by camp dysentery, insufficient nourishment, and exposure, that he has been almost a constant martyr to neuralgia of the bowels. The attacks were generally superinduced, or at least preceded, by exposure to either heat or cold. Previous treatment having failed to benefit him, the only relief obtained was by going north in summer, and south in winter.

As frequently happens in these cases, the disease was found to be distinctly intermittent, the paroxysms occurring just after midnight. The feeling was described as one of extreme uneasiness rather than pain; being of a pressive and drawing character. The sensation was compared to that of something "crawling about" in the abdomen. At other times there was active abdominal congestion, as evinced by a constant throbbing in the epigastric and umbilical regions. The paroxysms were frequently accompanied, or immediately followed, by vomiting, purging, and great prostration, showing more or less congestion of the portal system, and a hyperæmic condition of the stomach and bowels. The pulse, which at first was generally accelerated, soon became slow and weak, and at times almost imperceptible. This symptom, more particularly, led me to prescribe *Baptisia*, which proved to be the true specific. I gave the third dilution—fifteen or twenty drops in a glass of water—in tablespoonful doses every half hour until the paroxysms were arrested. No other medicine was given, except a dose or two of *Lachesis 30*, for burning in the abdomen. The paroxysms soon became milder and shorter, and the attacks less and less frequent, until finally they disappeared altogether.

It is instructive to compare the above characteristic symptoms, with those of the remedy employed. The proving of *Baptisia* by Drs. Burt, Douglas, Thompson and others, are amply sufficient to demonstrate its homœopathicity to this class of cases. Dr. Hale says, the *general* action of *Baptisia* upon the nervous system is that of a *sedative;* and it seems to cause a degree of paralysis, both of sensation and motion.—However this may be, it is highly probable that *Baptisia tinctoria* has no superior as a remedy for *neuralgia of the bowels*, or as it is sometimes called, *neuralgic colic*, especially when associated with, or in any manner dependent upon, either a scorbutic or typhoid condition of the system.

RESULT OF THE CARBOLIC ACID CASES.

BY E. C. PRICE, M. D., OF BALTIMORE, MD.

In the *American Observer* p. 470, Vol. X, is to be found a clinical report of three cases treated by me with Carbolic acid, The report had been written some two or three months before it was published. I write now to say, that by the time the report reached you, my wife was relieved. On inquiry, she tells me she has had only a few slight twinges since, but not severe enough to cause her to mention it at the time ; so she has taken no more medicine for it since.

Neither Miss L. L. nor myself have had any return of the symptoms.

The pains in my wife's case might with propriety have been called *atrocious*. She would frequently awake me out of a sound sleep with her groans. Some two years ago she had a similar attack, attended with numbness of the extremities.—*Kali carb. 30* relieved her, but with a great deal less promptness than the Carbolic acid.

Diseases of Women and Children.

THOMAS NICHOL M. D., MONTREAL CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

NO. XV.—ASTHMA.*

As the violence of the paroxysm decreases, the vesicular respiratory murmur reappears, and at the same time the wheezing and hissing sounds—so prominent during the paroxysm—diminish notably. On awaking the morning after a paroxysm, the little patient usually has a dry and difficult cough, which results in the expectoration of a small quantity of tough and tenacious mucus, and all during the day, the patient feels a marked degree of lassitude; and, if able to speak, complains of tightness and constriction of the chest. In fact, although the patient seems to be well during the interval between two nightly paroxysms, he seldom is as well as he seems to be. He is short of wind and unable to speak much without pausing to take breath, every little exertion brings back the wheezing, and he cannot lie down with the head low. After eating too, some degree of wheezing may be observed, and no one is surprised when night brings with it another paroxysm. These nightly attacks recur with more or less regularity for a number of nights—the patient often being unable to lie down for many nights in succession—till at length the tightness of the chest disappears—the breathing become more normal, and when the patient can sleep in the recumbent posture, the entire paroxysm may be said to be over.

One of the most remarkable characteristics of asthma is its periodicity. It is not merely paroxysmal, it is really periodic, tho' the paroxysms are far from occurring at the regular and definite periods of which some authors write. It is true that in some typical cases the paroxysm never misses, never anticipated, never postpones; but in other cases the periodicity is very slightly marked, while in others it is altogether lost.—The paroxysms may return at any interval, from a single day to a whole year, and one may suspect that the *annual asthma* of which the older writers speak, depended much upon a periodic exciting cause, say the wet weather of spring or fall.

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* *Continued from page 42, Jan. 1874.*

The length of the nightly paroxysm depends on the hour when it first appears. If it should attack early in the night, it is long; if it attacks towards morning, it is short; for, as a general rule, relief comes with returning day. These paroxysms recur during a number of nights, usually from seven to ten, and the duration of the entire disease depends very much upon the treatment employed. The mild treatment of the expectant school is better than the murderous treatment of the older allopathy—for a renowned practitioner like Sydenham, ordered a patient with inveterate asthma, "V. S. from the right arm to ten ounces." So the single remedy homœopathic treatment is superior in efficacy to the routine, alteration, rotation, and polypharmacy which are the very graves of homœopathy.

One of the most striking peculiarities of a child laboring under a paroxysm of asthma is the fact, that in spite of desperate efforts to breathe, the upper part of the thorax is almost motionless, while the lower part has but a limited expansion. The truth is, that the walls of the thorax are kept rigidly fixed in a state of extreme inspiration, and the capacity of the chest is as large as it possibly can be. This is confirmed by percussion, for the resonant sound shows that the lungs are full of air. Auscultation, too, reveals the fact, that there is a more or less complete stagnation of air in the chest, for little or no respiratory murmur can be heard, and when the normal murmur returns a relaxation of the spasm must have taken place. At the beginning of the paroxysm there is little or no rhoncus in the lungs, and it will be found that the wheezing, which forms such a prominent symptom, is largely produced in the larynx. Farther on, dry sounds of almost every possible variety of note and pitch are heard, and this dry rhoncus moves from one part of the chest to another, clearly indicating corresponding changes in the site and character of the spasm. Then, as secretion takes place, the dry rhoncus is partially replaced by the well known mucus rhoncus which is first heard at the base of the lungs. Still later a sub-crepitant rhoncus replaces the dry rhoncus in the minute bronchial tubes, and finally the spasm relaxes and the normal respiratory murmur reappears.

Owing to its essentially nervous nature, there is no positive morbid change necessarily caused by this disease, and experienced pathologists aver, that the disease has even proved rapidly fatal during the attack, and yet no alteration adequate to account for the symptoms could be detected on dissection.—Gerhard says, that the only alteration that we can conceive to exist in the lungs is a congestion or constriction of the mucous membrane—adding, "but it is very evident that this alteration does not amount to such a lesion as could be recognized after death." Some organic affections of the nervous centres or pneumogastric nerve are said to be direct causes of the asthmatic symptoms, and yet it is difficult to understand why a cause constantly present should fail to keep up an incessant asthmatic paroxysm. Long continued asthma results in pulmonary emphysema, and in structural changes of the heart and great blood-vessels.

It is certainly almost impossible to confound asthma with any other disease,if ordinary care is taken with the examination and auscultation and percussion are used with ordinary skill. The sudden paroxysm of dyspnœa, the comparative shortness of its duration, the dreadful violence of the symptoms, the recurrence after intervals of ease and health, sufficiently mark the disease. Still asthma may be confounded with bronchitis, especially in young children. Asthma comes on suddenly while the approach of bronchitis is gradual, for the mucous membrane cannot assume and relinquish an inflammatory condition suddenly, and besides, it would need an intense bronchitis to cause such a frightful dyspnœa. Asthma,is unaccompanied by fever. while bronchitis is accompanied by all the constitutional symptoms of inflammation. The dyspnœa of asthma is dry, long drawn, and without cough—at least until the paroxysm shows signs of giving way—while the dyspnœa of bronchitis is crepitous, short, and almost invariably accompanied by cough. Lastly, as Dr. Salter tersely remarks, " the patient is not ill, he is wheezing and laboring—he passes from a state of health to a state, not of illness, but of dyspnœa, and back again from dyspnœa to health; there are no sequels, there is no convalescence."

Asthma may be mistaken for emphysema, but the dyspnœa of asthma is periodical, while the dyspnœa of emphysema is constant and abiding. The dyspnœa of asthma varies very much in its character, and it is constantly changing from one part of the lungs to another, while the dyspnœa of emphysema varies very little. The dyspnœa of asthma is accompanied by loud wheezing, while the dyspnœa of emphysema has no wheeze.

" Heart dyspnœa is intolerant of the slightest exertion, or of the recumbent posture, and sitting up or stillness may cure for the time the most violent paroxysm; the breathing too of heart dyspnœa has a panting and gasping character, and not the wheezing, laboring character of asthma."—[*Aitken.*]

In hydrothorax we have suffocative paroxysms of very difficult breathing occurring during the night, but it may easily be distinguished from asthma, by the absence of the normal respiratory murmur, the dullness in percussion, œdema of the extremities, and the characteristic scantiness of urine.

Dr. W. W. Hall, of New York, remarks that he considers "asthma an incurable disease," and when Dr. Salter says, that "asthma never kills," he does not necessarily contradict Dr. Hall. Copland says, that "there are few diseases which continue longer without shortening life; and which, therefore, admit of a more favorable prognosis in respect to a fatal result, or a more unfavorable opinion as regards a perfect recovery." Wood remarks, " asthma is occasionally cured, and more frequently relieved; but, in the great majority of cases, after being once established, it continues with more or less frequent recurrence of the paroxysms until the close of life." It must be noted that all these writers are speaking of the asthma of adults, for all the systematic writers ignore the asthma of children.

The writers of our school take, on the whole, more cheerful views of the prognosis of asthma. Bæhr says, that "in contrast with Old Physic, which has no remedy for asthma, homœopathy can at least boast of having achieved some brilliant results;" and Hempel says, that "this very obstinate disease is often cured under homœopathic treatment." The prognosis under homœopathic treatment is still more favorable in the case of infants and young children, and it is curious that the fact of youth being of favorable moment should be unnoticed by almost all the writers on this disease. Dr. W. W. Hall, of New York, says, that "children who have it some times grow out of it"—the only allopathic testimony. After an extensive acquaintance with the asthma of infants and young children, the writer can affirm that, under enlightened homœopathic treatment, *very few cases remain uncured.* The chief points are to examine carefully by auscultation and percussion, and to use the single remedy, not too low. The younger the patient the better the chances, and the less previous treatment the more favorable the outlook. It is well too, to remember Hartmann's dictum, "hereditary asthma is generally incurable."

The individuality of this disease is so strongly marked that it is almost impossible to lay down general directions for the hygienic management of asthmatic children. The experience of the patient must be chiefly relied on, and each case must be studied by itself. "When I spoke of the exciting causes of asthma, I told of the influence of climate and locality on various individuals, and I related cases of persons who had fits of asthma only in certain countries, while others were continually subject to the disease. You should turn to advantage the knowledge of this fact; but when you counsel your patient to change his residence, you should appeal to his personal experience, or warn him, if he has not previously tried this plan which is often so efficacious, that he must be solely guided by his experience. There is, indeed, no absolute rule on this point, as one locality which will agree with one will not with another. Thus, low places generally agree with persons whose respiration is hard, as it is termed, while high grounds disagree with them."—[*Trousseau.*]

The diet should be of the simplest and plainest kind, and Salter's rule should be strictly followed—"*Let no food be taken after such a time in the day as will not allow digestion being completed and the stomach empty before going to bed.*"

(*To be Continued.*) T. N.

Obstetrical Observations.

W. C. RICHARDSON, M. D., ST. LOUIS, Mo., EDITOR.

In taking the editorial chair of the Obstetrical Department of the *American Observer*, I wish to say to its subscribers and readers, that I shall endeavor to make my department not only readable but instructive, and above all *practical;* for I maintain that the province of Medical Journalism is not to spin long theoretical problems which are of no benefit whatever to any one, except it be to gratify the vanity of visionary writers. What we want are short, practical, and especially clinical articles, such as can be read and applied with benefit by our busy practitioners.

One reason why our medical journals are not better thought of is, because in a great many, if not a majority of instances, the authors who write for them do so on the slightest provocation, and frequently without having anything of importance to communicate; while on the other hand the experienced practitioner, who can, or through negligence does not find time to write, has in his spacious mine of clinical information, the pure quartz from which to extract the golden truths that may benefit us all. Let each and every one, therefore, contribute something from his daily observations, some peculiar, new or interesting case, such as are daily met with, together with the treatment, remedies employed, and result, and we shall have done something of incalculable benefit to our colleagues, and be none the poorer ourselves.

Let us have less wrangling, crimination and recrimination about infinitesimalism and mongrelism, which only tends to stir up bitter personalities, and benefits no one; but let each obsever pursue the truth after his own fashion; provided, however, that he stick to the great and immutable law of *Similia*.

I shall do my part to the best of my ability, and hope others will do the same, to assist Homœopathic Obstetrics to regain the positon it should occupy, side by side with Homœopathic Surgery, which has of late outstripped it in the race.

The day has long since been numbered with the past, when, if ever it was advisable to tell an intelligent public, that the operations, instrumental and mechanical, properly belonging to Obstetrics, were entirely done away with by our means of internal medication. Such talk has,no doubt, done much good and prevented a great deal of reeklessness and uncalled for instrumental interference, which I am sorry to relate is encouraged, practiced and taught in that self-styled great medical Mecca,Vienna, where so many young doctors go to have their vanity puffed up and their brains addled.

Nevertheless, I believe no one will dispute me when I assert that there are continually arising cases in obstetrical practice which call for manual or surgical assistance and which cannot be benefited by any amount of internal medication be it crude or infinitesimal ; it is, therefore, the duty of every homœopathic physcian to prepare himself as best he may for any such case of accouchement that may happen him at any time and thus prevent its falling into other hands, thereby injuring himself and Homœopathy.

It is also equally or even more important, not to forget or neglect the list of old well proven remedies, and some indispensable new ones, which have done so much toward establishing a good prestige for Homœopathy in Obstetrical practice.

In conclusion of this article I will say, that I hope the profession throughout the country will help me by clinical contributions, in trying to make the Obstetrical department of this Journal the best source of practical Obstetrical information in America. W. C. R.

PHILADELPHIA OBSTETRICAL SOCIETY.—This Society is endeavoring to collect specimens of deformed female pelves, for the purpose of systematic study—no such collection being known to exist in this country ; also specimens of obstetric and gynæcological instruments, new and old.

PERCHLORIDE OF IRON IN POST-PARTUM HÆMORRHAGE.*

Having noticed the report of a discussion at the Obstetrical Society of London on the danger of injecting a solution of Perchloride of Iron in post-partum hæmorrhage, I cannot resist the temptation of recording the good results obtained from its use in my hands. In seven cases during the last three or four years I have not the slightest doubt the timely use of Perchloride of Iron has been the means of saving life—on three occasions in the same patient. This lady in her sixth pregnancy, became dropsical and excessively weak. She was taken in labor on April the 10th, 1870. After delivering the head with forceps, I found it impossible to extract the body with reasonable force, aided by good expulsive pains incited by ergot. The uterus soon became tired out, and on passing my hand up along the child's chest I found a huge projecting mass which prevented the descent of the body; this I opened through the thorax with a pair of crainiotomy scissors, and a large quantity of fluid gushed out. The abdomen collapsed, and the birth of the child was gradually completed. The flooding set in; such flooding as in a very short time would have ended in death. I directly, but with considerable difficulty, removed the placenta (which was large and diseased.)—The syringe and solution of Perchloride were fortunately at hand, and introducing the stem right to the fundus, I pumped the solution into the uterine cavity. The hæmorrhage ceased, and bits of charred coagula came down. The uterus did not contract; I watched the case anxiously for hours, but there was no return of flooding. In this case the powers of life were reduced to their lowest ebb, and I am convinced all the usual remedies would have been powerless to arouse uterine contractions, and the patient must have sunk but for the action of such a local styptic as the Perchloride of Iron. With careful nursing this lady made a fair recovery, and becoming again pregnant, labor came on at the seventh month, March the 8th, 1871. This was a repetition of the former labor with the exception that the patient was not so weak, and that the injection of the solution of Iron was quickly followed by uterine contractions. A good recovery ensued. April the 2d 1872, she was again taken in labor about the seventh month, with profuse hæmorrhage, speedily arrested by the Perchloride, and good convalescence followed.

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* DR. WILLIAMS—*British Obstetrical Journal.*

Two years ago I was just in time to save a young woman with Perchloride—a primipara (whose mother flooded to death at her birth) who was rapidly bleeding to death. When I was in London last spring she was taken in labor. The gentleman in charge of my practice was prejudiced against the use of the Perchloride of Iron. Every routine remedy was used, but in four hours after the birth of the child the mother was a corpse.

I may mention in conclusion, that in no case have I experienced the slightest ill after effect ; on the contrary, I am led to regard the Perchloride of Iron as a safeguard against septicemia.

TWO WOMEN WITH ONE UTERUS.—Dr. W. Pancoast, at the meeting of the Pennsylvania Medical Society, described a case of two women joined together at the pelves and having but a single womb. They were negresses, 22 years of age, born of slave parents, in North Carolina. The band of union is 27 inches in circumference. There is some community of sensation in the legs, indicating a union of the lower portion of the spinal cord.

THE USE OF ELECTRICITY IN LABOR, (*Medical and Surgical Reporter.*) —In an Italian Journal, Dr. Martemucci regards electricity as preferable to ergot in cases of inertia of the uterus during labor, for the following reasons. 1. The obstetrician who uses electricity has the uterine contractions under control, and can put a stop to them if any circumstances arise which indicate that this should be done ; while, when the uterine action has once been excited by ergot he has no control over it. 2. When ergot is given, the labor must be completed at once ; otherwise the fœtus is in danger from pressure on it and on the placenta. 3. Under the use of electricity, the physiological uterine contractions can be closely imitated ; while with ergot they are not attended with that periodical relaxation which is so favorable to the mother, and especially to the fœtus.

Dr. Martemucci has also found electricity useful in the hemorrhage attending placenta prævia. He regards his observations as comfirmatory of those of Radford and others, as to the value of the treatment.

Reviews, Book Notices, etc.

HELMUTH'S SYSTEM OF SURGERY.

A REVIEWER REVIEWED.

PHILADELPHIA, January 27, 1874.

To the Editor of the American Observer :

My dear Sir :—The December number of the *Medical Union* contains what may be supposed to be a review of Dr. W. T. Helmuth's "System of Surgery," which recently has been introduced to the profession.

There are two qualities which a critic ought to have, or is assumed to possess. First, a thorough acquaintance with the subject of which he writes ; and, secondly, that he has given it an impartial consideration. It will be no difficult task to show that the reviewer of Dr. Helmuth's surgery is not master of his subject, and consequently mistakes truth for error, and, moreover, charges the volume with the omission of subjects which it really contains, "*lucus a non lucendo.*"

It is evident from a perusal of the "system" that the author did not intend to notice all the suggestions, conjectures and numerous recommendations of modes and means which are contained in many books of surgery. In a word, not to present a *catena* of the art and science, for the attainment of which end many, instead of a single volume, would have been required, but the endeavor has been, as "a patient examination" of the book discloses, to furnish the most approved opinions and methods of the best writers of the present age. And this the extended knowledge and wide personal experience of the author has enabled him to accomplish in a highly satisfactory manner. Hence, a critic, keen for the detection of omissions, will find a fruitful field for the exercise of his trenchant scythe. To censure what is not, rather than what is, recalls the four verses of the poet:

> "Be sure, yourself, and your own reach to know,
> How far your genius, taste and learning go;
> *Launch not beyond your depth*, but be discreet
> And mark that point where sense and dullness meet."

I shall now briefly notice some of the faults which a "patient examination" imagines the "system" to contain. The reviewer writes: "And yet there *is* no account given of the application of pneumatic aspiration to the diagnosis and cure of disease." Now, although pneumatic aspiration has not, even to the present time, been thoroughly tested, it could have made but little advance when that portion of the work, where allusion is made to it, may have been already printed, or in the hands of the publisher; notwithstanding which, had the reviewer, in his "patient examination," reached as far as page 969, he would have seen that in the chapter upon injuries and diseases of the thorax, while treating the subjects of Empyema and Hydrothorax, the following words: "Another instrument which can be used very successfully is the aspirator, by which only capillary punctures are made. Fig. 444 shows the instrument of Dienlafoy, as improved by Mr. Stohlmann, according to the suggestion of Dr. T. A. Emmet, of this city." This picture occupies nearly a third of a page, and Dominie Sampson would have exclaimed "Prodigious"! that such an oversight should have been made. Again, in chapter XLIII, page 1072, after explaining the method of performing Cystotomy, are the following words: "But the aspirator, as seen in chapter XXXIX, Fig. 444 is now decidedly the best instrument in use for this purpose. Jean Watelet, who, in 1871, published an essay on this subject, arrives at the following conclusions: 1. That the operation is of perfect innocence; 2. That it should in all cases be preferred to the hypogastric puncture; 3. It can be practiced three or four times a day, replacing catheterism when that operation is impracticable."

The reviewer gives vent to the most intense jeremiade because the book does not give to surgical pathology a "presentable degree of excellence," and, likewise, "that obsolete theories have been tenaciously retained, that not the slightest mention or use has been made of the discoveries of Von Recklinghausen, Cohnheim, Stricker and others of the more advanced pathologists." To sustain these allegations of deficiency, he selects, as an example, the assertion of Dr.

Helmuth, when describing pus, that "pus corpuscles are generally spherical," and that "it would have been prudent to qualify this statement, since Von Recklinghausen has shown that only dead pus cells have this round shape." To ordinary apprehension, the words "*generally* spherical" might be considered, even by those well informed in "advanced pathology," a qualified expression. But, waiving this criticism, it may positively be asserted that the *living* cells are "generally" spherical. They may possess the amœboid motion and change location, but they again resume the spherical form *vide* Paget (Eng. ed.), p. 173. In "the magnificent system of Surgery, edited by Holmes," in the chapter on abscess, we find "pus globules small *spherical* bodies containing granular matter, and one or more nuclei," p. 115. Bryant (Practice of Surgery, p. 18, English ed.) "These corpuscles are *globular*, and larger than the white corpuscles of the blood." If the reviewer will refer to the work he will see the shape of the corpuscles, from a plate after Lebert. Mr. Spence (Vol. 1, p. 21, Eng. ed.) writes: "Each pus cell is about $\frac{1}{3000}$ of an inch in diameter, *globular*, slightly irregular on the surface, etc." Hamilton, in his Principles and Practice of Surgery, says, "These globules are spherical or ovoid, varying from $\frac{1}{200}$ to $\frac{1}{300}$ of a line in diameter," page 37. I refer to the statements of these gentlemen as *reliable* authority, because they are especially named in the preliminary remarks of the purported review as trustworthy in "the present advanced condition" of surgical science. The truth is that even the origin of pus is not clearly understood. Some of the "advanced pathologists" attribute its formation to exuded plasma; others positively assert that its origin is from connective tissue cells, while the very existence of these latter is ridiculed by others. Thus it has ever been since investigations have been made into the nature of the inflammatory process, and pathologists find themselves bewildered in a labyrinth of apparent contradictions. It is more than probable that a knowledge of these perplexities induced Dr. Helmuth to exclude their admission into his Surgery, and fill the space they would have occupied with more practical and useful matter.

The critic having blown so lively his pathological trumpet ventures upon a more difficult strain, viz., that of "*extra vascular*." He says: "Again, we learn for the *first* time of an *extra vascular* pus globule, which will be new to those who have never before known that a pus globule possessed even the slightest degree of vascularity."

It would afford great pleasure to the profession if "Von Recklinghausen, Cohnheim, Stricker and others of the more advanced pathologists" could, in the plenitude of their knowledge and proficiency, even, tell us the difference between a pus corpuscle, a white blood corpuscle or a lymph corpuscle, as seen under the microscope: they are identical, but a quotation from the "magnificent system of Surgery, edited by Holmes" may settle this point. On page 116, vol. 1, can be found these words: "The white corpuscles of the blood, the lymph corpuscles of the chyle, and pus corpuscles are identical and indistinguishable." *Especial attention is called to the remainder of the sentence.* "The two former are generated *within a vascular system normally*," and are, therefore, intra vascular. "Pus is generated *external to the vascular system* abnormally," and is, therefore, "*extra-vascular.*" The sentence in the work under review, in which this word appears, also bears reference to the absorption of pus, and, according to "the more advanced pathologists," the pus corpuscle is incomplete and changed when intra vascular, but when "*extra vascular*" and complete is "GENERALLY *spherical.*"

The reviewer, influenced, doubtless, by his "advanced pathology," appears to be running a muck, for, after killing the *extra vascular* globule, he makes a bloodthirsty onslaught on the coats of dissecting aneurism. He writes: "We must confess our ignorance of the method by which dissecting aneurism may occur without a lesion of the internal coat." *The confession is quite superfluous,* inasmnch as Erichsen, in relation to this fact, says: "The blood may find its way between the laminæ of the middle coat, and does not escape again by rupture of the external, or the giving way of the lining membrane of the vessel." When speaking of Laennec's celebrated case, that extended from the arch of the aorta to the common iliacs, Mr. Pirrie says: "Here the aneurismal sac was formed on the one side by the *external* coat, and on the other by the *middle and interior coat.*"

Now the entire sentence reads thus in Dr. Helmuth's Surgery. After speaking of muscular exertion and ulceration of the internal and middle coats of the artery *in the* FORMATION of aneurism, we find the following words: "Aneurism by rupture generally arises from sudden muscular exertion, the *internal and middle coats give way by laceration, and an aneurismal formation speedily follows.* When the blood passes between the tunics of an artery, separating or dissecting the one from the other, the aneurism is termed *dissecting.* In this instance, the inner coat may remain entire, or both the inner and external tunics preserve their continuity," as quoted above by Erichsen and Pirrie.

Again the critic sounds the charge, and expresses the doubt "whether our author shows to advantage in the practical application of pathology, when he fails to enumerate the obliteration of varicose veins as a possible method of curing varicose ulcers." Notwithstanding this loud braying, on page 149, of Dr. Helmuth's work, where, after explaining the different methods of treating indolent ulcers, are the following words: "*It is essential, during the treatment, that the patient should be kept in bed, and if there be any large or varicose veins they should be destroyed, either by subcutaneous incision between two pins passed beneath the veins, with a figure of 8 suture of wire or silk above them; or the application of caustic lime and soda over the course of the enlarged vessels.*"

Jam satis! When our reviewer again blows his pathological trumpet, it is charitable to hope that it will discourse better music.

W.

Annual Record of Homœopathic Literature, 1873:

Boericke & Tafel.

If, as Dr. Samuel Johnson says, the man who makes two blades of grass grow where only one was produced before is a benefactor to the whole human race, what shall we say of him who enables us in one minute to do the work of ten? This is just that which the editor of these Year Books is doing for all of us. He and his able colaborers are making medical Methuselahs of the over-driven practitioners, who are canny enough to avail themselves of these carefully prepared volumes.

Verily Raue and his corps are the Vandals of Literature; nay, I'll change the figure, and call them literary vampires, because they fasten on an author and take from him only his heart's blood—his essence. Little reck they how finely one turns a period, and with what provoking stupidity do they fail to observe how many "distinguished practitioners" had ignominiously failed in that very case before "*we*" did the Cæsarly *veni, vidi, vici*, to the delight and amazement of the admiring relatives. Marry, they treat *us*, the *literati* of homœopathy, just as the Liebig beef-extract makers serve the dumb beasts in their shambles—boil us down *in vacuo*.

[I'm in a confidential mood to-night (for Mrs. Müller is snoring, and that dose of Cham. 12 has fixed Müller *minimus*, leaving me to burn the midnight kerosene *sans* the sostenuto of a suckling's colic cry), and I am prepared to say—somewhat *sotto voce*—that the M. D. who boils down the *Observer* with a Raue condenser shows very poor taste. You don't think so, eh? Well, just look through the whole four of these Year Books, and I'll be hanged if you can find any of *my* "fine writing." Do you call *that* good taste?] * * *

I have just emptied my pipe, and, soothed into philosophy by the divine herb, I mutely bow to the eternal fitness of things. May be that condenser found *me* only highly hygroscopic veal, not muscle, sinew and bone; may be I boiled away, and left only an unsavory smell; anyhow, I haven't left even a grease spot on Raue's pages. *Ex nihil nihil fit*, and it really seems that *I* am not the exception which proves the rule.

I wonder if Raue doesn't admire Darwin, and if these Year Books are not gotten up on a rigid *survival-of-the-fittest* plan! (I am a little elated by this idea, and am just reckless enough to bet a Family Syringe that I've hit the nail on the head.)

Dear reader, after this *argumentum ad hominem*, can you fail to observe the *judgment* evinced in getting up these volumes? I mean no jest now, and I say that Raue and his helpers have shown such a contempt for *chaff* as no reader of the Year Books can more heartily appreciate than I. But to the point: let me ask, has your appreciation of the sterling judgment shown led you to buy all of these books? If not, then, indeed, are you a bigger fool than I, and, if you'll only send your address, I'll forward my cap and bells, the expressage paid.

I was glad to learn that the fate of this enterprise is at last decided; that, as the years glide by, we are annually to have such a treasury of the homœopathic world-work. It tickles the cockles of my heart to try and imagine what price these early volumes will command in twenty-five years; and when I look fifty years ahead I can conceive of such monographs gleaned from their pages as make one's mental salivary glands pump out a very stream.

Have you ever "worked your passage" through files of journals, each index a will o' the wisp, that only mired you and set you cussin', trying to trace a remedy to its parentage? Have you sought to read up on a special topic in our serial literature, perusing every paper having the right title until you felt like those wild asses which Scripture says "snuffed up the wind?" Having done this, *could* you avoid some *borborygmi* in your own "paper?" (This is one of the instances where *similia similibus* doesn't work.)

Well, I shall one day "lay me down to sleep" in the sweet assurance that, thanks to Raue, Müller *minimus* (*now* given to Chamomilla cocktails, *then* Deo volente, "M. D.,") will escape all these and the hundred other worse-than-Egypt's-lice-plague that I in the flesh (an 120 lb. homœopath) have known.

You remember Leigh Hunt's *Book for a Corner?* The Year Book isn't such a one; but, O Ye Twins of the Zodiac ("O Jiminy" is a vulgar oath), isn't it THE *Book for the Buggy?* I designedly write Buggy, though the M. D.s whom I see now-a-days are whirled about in carriages, by the glimmering sheen of whose gold-plated harness, so like the "chariots of Israel" which blind Milton saw, one is made to feel that *their* owners scarce need *read.* I say, deliberately, BOOK FOR THE BUGGY, and in the fresh recollection of long and lonely drives by highway and byeway, but in an air so fresh and pure that reading brought no fatigue, and remembering no consciousness of effort.

O, my brown-faced "country doctor," you are he to whom these Year Books are "just *old peaches.*" Dobbin wouldn't know himself in gold-plated harness, and, could he have one, he would make no more fifty cent visits, and then what would the widow do, whose only son and only living child is languishing with Pott's disease? Gold-plated harness, indeed! Wasn't it day before yesterday that Brown, the saddler, *vowed to gosh* he couldn't keep *that 'ere old harness o' yourn together much longer!* Keep on, my friend, through summer's heat and winter's storm, despite the old harness and the niggardly fee. To be sure, *you'll* never own a gold-plated harness, but one day you *will* walk on golden streets, and *then* "*the sun shall not smite thee by day nor the moon by night.*" This is an old-fashioned notion, but long ago my mother told it me, and *she never told me false.*

This book, this compendium, this honest garnering of all the good the niggard fee will buy, and the blessing of the widow's God will follow it. CARL MULLER.

A Hand-Book of the Theory and Practice of Medicine:

By Frederick T. Roberts, M. D., etc. Philadelphia, Lindsay and Blakiston, 1874.

A massive octavo of 1050 pages with an unpretentious title, and offered by the publishers, in cloth binding, at the small sum of five dollars. It would be cheap at a larger price, as it is better than many more assuming works.

The author has ventured to introduce some important innovations on the method usually adopted in Medical Manuals, to the following two of which the author directs special attention.

1. Before describing the individual diseases of the several organs or systems, an outline is given of the clinical phenomena, which indicate a morbid condition of each, and of any modes of "physical examination" employed in their investigation, while the principal symptoms are considered in detail. This portion of the work has been printed in smaller type, but *this does not imply a degree of minor importance* as compared with that of other parts.

2. The author has endeavored to generalize the remarks on diagnosis, prognosis and treatment, so far as was practicable. It remains to be seen whether this course, which the author regards as possessing certain evident advantages, will meet with approval or not.

The Consumptives Home. Ninth Annual Report of the Institutions connected with a work of faith, by Charles Cullis, M. D. Boston, Willard Tract Repository, 12 West street. Price, 25 cts.

We have noticed Dr. Cullis' Reports from year to year with increasing interest. From the smallest commencement he has now attained to a Home for the children of patients; a chapel for worship and preaching; a Deaconess' Institution to provide for nurses and Christian workers; and he has also commenced a fund for a Home for Cancer Patients.

Without any endowment fund or pecuniary reliance, he pursues his work in that true faith which prays expecting the blessing, and confides lovingly upon One who never fails to give all that his children are prepared to receive. The multitude will look upon Dr. C. as an enthusiast or a fanatic, particularly when they find that he has relinquished his life and fire insurance policies. Dr. C. is called to the work of the ministry, and we shall expect to find that he will be as truly successful in preaching as he has been in his practice.

Cincinnati Medical Advance.

November and December number received *February 16th!* What is the matter?

C. Hering's Materia Medica, with Pathological Index. New York and Philadelphia; Boericke & Tafel. Price, $5.

The first volume of Dr. Hering's great work is before us. It is a handsome octavo of 706 pages, and includes sixteen remedies, viz: *Alum*, *Alumen*, *Carburetum Sulphuris*, *Coca*, *Cuprum*, *Eupatorium perfoliatum*, *Eupatorium purpureum*, *Formica*, *Mercurius jodatus ruber*, *Natrum Sulphuricum*, *Nux Moschata*, *Osmium*, *Phytolacca*, *Sarsaparilla*, *Spongia*, *Stramonium*, *Theridion curassavicum*. There is a pathological index of 20 pages.

Dr. Hering meets the objection as to uncertain symptoms. He does not believe in discarding any symptom because of the mere charge of doubt, but would put to it the rigid test of practice. Then we can throw away the tares without injury to the wheat.

As to the size of his work, he says:

> "Another outcry is that against its great 'bulk.' It is true that a large collection makes more work in the arrangement of it. But after it is arranged, it is much easier to find what we want and leave out what we do not want, among a large collection. Who would object to a library because it is too large? If you have good catalogues, you have always a better chance of finding what you are loooking for than in a small one."

If Dr. Hering's *Materia Medica* is to include one-half of the remedies in use, and each volume is to embrace only sixteen medicines, it will take about thirty volumes and —— years to complete. It will be a monument worthy of his fame. We hope he may live to lay the capstone upon it, and that some worthy one may crown it with an unfading wreath.

The Portrait; a Romance of the Cuyahoga Valley. By A. G. Riddle, author of Bart Ridgeley. 12 mo.; $1.50. Cobb, Andrews & Co., Cleveland, Ohio.

In the perusal of this book we have been particularly interested in the truthful account of the authors of the Mormon imposture, and the first rise of this delusion in the Cuyahoga Valley. The description of the preaching of the true Gospel by Alexander Campbell, recalls very pleasant memories of this distinguished reformer. The narrative of Fred's romantic career and final success is told with dramatic power, and in many points with a felicity that reminds the reader of Waverley. Your interest is excited in the first chapter and this is well sustained throughout the book.

24 March–74.

On the Reproductive Organs and the Venereal, by John M. Scudder, M. D., with colored illustrations of Syphilis. Cincinnati; Wilstach, Baldwin & Co., 1874.

An octavo of 393 pages, bound in sheep, with six pages of colored lithographs and a number of wood cuts.

In closing the chapter upon *Syphilization*, the author says :

"The majority of observers now unite in condemning the practice of syphilization. It not only requires a long period of time, but is as unpleasant and disgusting as it is tedious. And as the old methods are dispensed with, the disease is found more tractable, and even if syphilization was successful it will be found unnecessary."

We are glad to hear such testimony. Dr. S. quotes a lecture of Prof. Boeck, in which he says :

"The results of syphilization in children with hereditary syphilis have not been brilliant ; of forty-two children, twenty-two died."

Prof. Scudder's work contains chapters upon the reproductive function ; the sexual organs ; generation ; masturbation ; prostitution ; prostitution the cause of venereal disease ; impotence in the male ; impotence in the female ; salacitas ; spermatorrhœa ; gonorrhœa ; syphilis ; chancroid ; chancre ; secondary syphilis ; diseases of respiratory and digestive organs, etc., etc.

From many of the views of the author we may differ, but we can willingly accord to him the commendation he deserves for the bold teaching of that which he believes to be true. As to treatment, it is an advance from allopathy and its uncertainties, towards the definiteness and accuracy of homœopathy.

The Sphygmograph : its Physiological and Pathological Indications, by Edgar Holden, A. M., M. D. Philadelphia ; Lindsay & Blakiston, 1874. Price, $3.

This was the essay to which was awarded the Steven's trienniel prize by the College of Physicians and Surgeons of New York, April, 1873. It contains 290 illustrations. It is devoted to general considerations regarding the mechanical construction of the Sphygmograph ; the value of a knowledge of the minute peculiarities of the arterial current ; indications afforded by the pulse ; translation of tracings, etc., etc., etc.

The account of experiments with *Cannabis Indica ; Gelseminum Sempervirens, Aconite* and *Quinine* are especially interesting to homœopaths, and we direct their attention to the work with the expectation that they will find it instructive.

Scribner's Monthly: Scribner & Co., 654 Broadway, N. Y.; $4 per year; with American Observer, $5.50, if paid in advance.

We take much pleasure in referring our readers to the truly valuable series of papers on the *Great South* which are being published in Scribner's Monthly. The illustrations of Louisiana and Texas we know to be accurate, and the life-like descriptions recall many pleasant scenes upon our own tours of 1872 and 1873.

The favor accorded to this magazine by the public, enables the publishers to enter upon the year 1874 with the means of making it more attractive and valuable than ever before to its large and increasing number of readers on both sides of the Atlantic. The serial story of the year, *Katherine Earle*, by Miss Trafton, is a charming love story by a gifted writer, which is destined to a wide popularity. The publishers say there will be brilliant novelettes and the best stories, by Saxe Holm, Bret Harte and other delightful story tellers. A series of striking and unique poems, with illustrations, "*Old Time Music*," by Benj. F. Taylor, known for his brilliant contributions to the Western press, will sing to us again the music of the spinning wheel, the flail, the stage coach, the mill, etc. Portraits and biographical sketches of American authors, papers on dairy farming and stock raising in Europe, on household decoration and furniture, besides more than fifty other illustrated articles, are now in preparation. The splendid series "*The Great South*," the most important and expensive series of illustrated papers ever undertaken by any magazine, will be continued through the year. In the December number we completed the papers on Louisiana. The next in order will be the Lone Star State; the Mountain Regions of the South; the Iron Regions of Missouri, etc., etc. These with the essays and editorial discussions of literature, science and art, sketches of travel, occasional poems and etchings, will make up a magazine of Christian literature designed to be "*the best in the world.*"

The March number of *Scribner's Monthly*, now ready, opens out with the fifth of Edward King's papers on the *Great South*, superbly illustrated from sketches by Champney, and dealing with an almost unknown land, *The Mountain Region of Western North Carolina.* The verdict of the press is that this series is steadily increasing in interest and beauty.

The Monumental City, its Past History and Present Resources, by Geo. W. Howard. Baltimore. J. D. Ehler & Co., 1873.

A very interesting account of the city of Baltimore, illustrated with a map and a number of wood engravings. The present population appears to be nearly 300,000, and its parks, public buildings, factories and commerce are worthy of a place of such magnitude.

Lessons in Language: an Introduction to the Study of English Grammar, by Hiram Hadley. Chicago; Hadley Bros.

"Designed for children," so says the title page; and loving the children, we are glad that such lesson books are prepared for their use. The old methods of teaching grammar are very artificial and tiresome, and every attempt at a natural and interesting plan should be welcomed with pleasure.

Helps to Speak and Write Correctly; more than one thousand mistakes corrected and peculiarities of language noted, with practical hints on composition. By Prof. W. H. Larrabee, of N. Y., and Prof. H. A. Butts, of Drew Theological Seminary. New York, N. Tibbals & Son, publishers, No. 37 Park Row.

This is a very interesting and instructive manual, and will be quite useful to any who desire to cultivate correctness of expression in writing and speaking. We have examined several books of design similar to this, but none are equal to it in brevity, accuracy and comprehensiveness.

Transactions of the Michigan Medical Society, 1873.

Dr. A. N. Bell says of the opening address of the President, Prof. A. B. Palmer, it "is for the most part a skilful attempt to reconcile radically different theories in general with established laws; and Darwinism in particular with 'orthodox' theology, an attempt, which, to say the least, necessitates much pruning and conclusions at variance with both."

Harper's Magazine.

The March number of this favorite opens with an illustrated article by Mr. Charles Nordhoff, entitled "The Lighthouses of the United States," in which he gives much curious information about the construction and management of these public buildings. It is followed by an illustrated paper of a very different character by James Grant Wilson, on "The Chevalier Bayard," which carries the reader back so far in history that it reads like a romance. Under the title of "Archibald Constable and his Friends," Mr. A. G. Constable, a son of the noted publisher, gives a graphic description of the literary celebrities of Edinburgh fifty years ago. His article is profusely illustrated with characteristic views of that city, and portraits of Constable, Sidney Smith, Francis Jeffrey, Henry Brougham, Thomas Campbell, John Wilson, Dugald Stewart, and James Hogg. The other articles in the number are fully up to the standard of this excellent monthly.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

CLASSIFIED INDEX.—This is paged to be bound with the OBSERVER of 1873, and *includes* a complete index for that year. A separate index might have been printed for 1873, but we deemed this inconvenient and superfluous. No one will think of consulting the separate index for any one of the series of ten years when they have a conveniently arranged classified index of the whole. We submitted the first sheet of this index to a professor, asking for any suggestions as to improvement. He appeared to be well satisfied, saying that he did not think it could be improved. We mail it to our subscribers with the full expectation that it will be fairly appreciated.

COMPLETE SETS AMERICAN OBSERVER. We can furnish a complete set of the Observer, 10 volumes with Index, *unbound*, for $12. Bound in four volumes at $16, bound in ten volumes at $22. Subscribers desiring numbers or volumes to complete their sets, should make early application as many of the numbers are now out of print. *As far as practicable we will supply missing numbers at 14 cts. each by mail prepaid.*

COLLEGE COMMENCEMENTS. List of Graduates, etc., of our Colleges will appear in next number.

EXTIRPATION OF A KIDNEY after an accidental injury—*a perfect cure.* A full report of this interesting case, translated by Prof. Lilienthal, will appear in April No.

ERRATA. Page 184, foot of page, Cincinnatt should read *Cincinnati*, and number *numbers.*

Transactions of the British Homœopathic Congress held at Leamington, September 11, 1873.

The papers included are: The Kind of Action of Drugs: The Action of Small Doses, by the President; On Some Forms of Phthisis Pulmonalis, by Dr. Nankivell; Pyrexia, by Dr. J. Gibbs Blake; The Therapeutic Part of the British Repertory, by Mr. Proctor. The discussions upon these papers were printed in the October number of the *Monthly Homœopathic Review.*

SAND AND MUD BATHS (*Scientific American*).—Baths of sand or mud have had a reputation, more or less deserved, for centuries; and at the present day are employed to a considerable extent in different parts of the world. By the former, the inhabitants of the eastern shores of the Mediterranean expect to cure their rheumatic and scrofulous troubles. The process of taking this "cure" is very simple; the patient buries himself almost completely in the dry, hot sand, and remains thus, some time after a profuse perspiration has broken out; the perspiration is soon followed by a rash upon the skin, which subsides in a few days. The little benefit arising from this cure is due in the main to the sweating, which frees the blood from impurities through the pores of the skin, which latter is locally irritated and excited to greater action by direct contact with the sand. But the latter, the mud baths, so popular on the continent of Europe, among which those of Salzburg, Franzenbad and Marienbad, in Germany, have the highest reputation, are really more beneficial. They are prepared in the following manner: bog mud is thoroughly dried and sifted, then saturated with mineral water, the mixture being made so soft that the body can sink into it; the temperature is raised to about 112° F., and the bath is ready. The baths may be either partial or complete, according to the part of the body to be treated, but in either case, the duration of a single bath is from 30 to 50 minutes; after which the body is cleansed by a warm water douche. They are taken daily, early in the morning, until relief is obtained. The diseases to which they are particularly suitable are some kinds of paralysis, muscular rheumatism, and dull nervous pains which follow severe bruises and which are called weather pains. In former times, the efficacy was thought to depend upon the large amount of iron and salts contained in them, and which were absorbed into the blood through the pores of the skin. It was even supposed that there existed a magnetic current in the mud, which acted as a strong nervous tonic; but at present, the general belief is that the action is simply that of a universal poultice, giving to the entire surface of the body the heat and moisture which we apply to a sore finger in the bread and milk.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.—A summer term has been arranged for the students of this school. It will commence on Monday, March 16, 1874, and continue fifteen weeks, till Saturday, June 27, 1874.

The winter term of lectures will commence on Wednesday, October 7, 1874, and continue twenty-one weeks. By this arrangement, the course of medical instruction will occupy *thirty-six weeks in each year*, and will be thorough, extensive and complete.

HOMŒOPATHIC INTELLIGENCE WANTED.—For the information of the profession we request our readers generally to forward to us brief reports of all important events in their sections, prevailing diseases, and medical meetings. To be of service such reports must be sent promptly, and to secure insertion they must be brief. Every item of intelligence must have a responsible name attached, but not for publication unless it is authorized by the writer.

LEAD PIPE AND WATER SUPPLY—(*Galaxy*).—The question whether water is poisoned by flowing through lead pipes was lately discussed in the French Academy of Sciences, with results that are calculated to quiet the apprehensions of those who get their water supply through such pipes. M. Dumas stated that in his chemical lectures he had long been accustomed to employ a very simple experiment for the purpose of showing that water corrodes lead only under special conditions. He takes distilled water, rain water, spring water, river water, etc., and drops into each pieces of lead. It is found that only the distilled water acts on the lead, the salts of lime in the rest of the specimens preventing the reaction. M. Belgrand read to the academy a memoir giving the results of his investigations into this subject. The ancient Romans employed lead water pipes on a large scale, but yet no Latin medical writer says anything of lead-poisoning produced by the water. According to M. Belgrand, one-sixth of a grain of calcareous salts to the quart prevents the dissolution of the lead. He exhibited to the academy pieces of lead pipes which had been in service since the time of Louis XIV., without showing any sign of corrosion; and analysis of water that has passed through a long line of lead pipes showed the complete absence of lead.

BALTIMORE MUNIFICENCE—(*Post*).—One of the most magnificent bequests, as grand as that of Peabody, is that made by Mr. John Hopkins, a wealthy banker of Baltimore, who left a fortune of from eight to ten millions. During his life he gave largely to benevolent purposes, and at his death was determined that the good he might do should not be interred with his bones. He gave his magnificent estate of four hundred acres at Clifton, for a university, to be endowed with three million dollars. He bought the Maryland Insane Hospital, near the city, on which a million dollars is to be expended for the erection of a general hospital and the accommodation of four hundred patients. It is to be entirely free and open to the people of Baltimore and the State, without regard to age, color or sex. In connection with it a convalescents' hospital is to be erected, a training school for nurses, and a free park established. He has also given two million dollars for the establishment of a colored orphan asylum. It is no longer in the Arabian Nights, nor in the chronicles of the kings, that we have to look for princely munificence and a fatherly benevolence for suffering people.

Personal Notices, Etc.

NECROLOGICAL.

ISAAC JAMES, M. D., Born, Jan. 25, 1777—Died, Jan. 22, 1874.

One of the most venerable members of our profession has just passed away just on the verge of a century, and within six days of his 97th birthday. He was esteemed by all who knew him, for his whole object throughout his entire life, was to benefit humanity. He toiled arduously in his active days, not only to relieve suffering, but to improve the hearts of the people, wherever he was called upon to reside and labor. His memory for past events remained remarkably clear, and he was perfectly conscious in his last hours that he was dying, and so informed his medical attendant, Dr. Powell. The editor of the *Hahnemannian* Monthly says of him:

" Departed this life at his late residence in Bustleton, Philadelphia, on Thursday, Jan. 22, 1874, the Rev. Isaac James, M. D., in the 97th year of his age.

Dr. Isaac James was born at Radner, Delaware county, Penn., at the "Old Mansion House" the home of his ancestors for three generations. In the spring of 1816, he removed with his immediate family, to South Trenton, N. J., from thence in 1826, to Philadelphia, in 1828 to Radner, and subsequently to the neighborhood of Bustleton, where he resided until the date of his death. He graduated in medicine at the University of New York, in 1825, and commenced the practice of homœpathy in 1844, a few years after that system of medical practice had been adopted by his son, the late Dr. David James.

He became a member of the American Institute of Homœopathy in 1846. Dr. James had the honor of being up to the time of his decease, "the oldest Methodist in the world," having joined that religious body in 1790. He was licensed to preach in 1800, and was, therefore, one of the oldest ministers of that denomination. Dr. James was well and hearty, and in possession of all his faculties up to the age of 94; from that time onward, he gradually failed in health and strength, although he was about the house as usual up to within a few weeks of his death.

He was a man of great activity of mind and body, quick of thought, and of remarkably rapid utterance. He led a useful life as minister to ailments of both the soul and body, long beyond the three-score and ten of the Psalmist, and died full of years and honors. He was buried at Bustleton, on Monday, January 27th, but it is the purpose of his family to remove his remains to the family vault at Radner.

Dr. James had a large family of children—sons and daughters. Of the former, were the late Dr. David James. Thomas P. James, now of Boston, one of the most celebrated botanists in the United States, specially famous for his knowledge of lichens and mosses. The late John F. James, for more than a quarter of a century the Actuary of the Girard Life Annuity and Trust Company of Philadelphia, and Samuel P. James, formerly a druggist of Philadelphia. Dr. Isaac James was the grandfather of Drs. Bushrod W. and John E. James, of Philadelphia."

GOULD.—MR. E. GOULD. The Monthly *Homœ. Review*, (London, Eng.) says: " Many of our readers will sympathise with us in the regret we have felt on hearing of the death of Mr, Gould—the head of the well known firm of Homœopathic Chemists in Moorgate Street.

The immediate cause of Mr. Gould's death was, it is believed, malignant disease of the bladder, that gave rise at times to great suffering, which he bore with much patience and resignation.

Mr. Gould was a kind hearted, cheerful, and thoroughly honorable man, and one ever ready to take an active and useful part in the work of diffusing a knowledge of homœopathy."

REMOVALS.

BAKER—Dr. Timothy Baker, from Concord to Union, Branch county, Michigan.
BELL—Dr. J. S. Bell, from Litchfield, Minn. to Cedar Falls, Iowa.
GRAHAM—Dr. E. B. Graham, from Three Rivers to Detroit, Michigan.
KELLER—Dr. H. S. Keller, from Hetrick's to Brodbeck's, York county, Pennsylvania.
SEELEY—Dr. J. E. Seeley, from Scottsville to Rochester, N. Y.
SIMPSON—Dr. J. Y. Simpson, from Quincy to Coyville, Wilson county, Kansas.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

EXTIRPATION OF A KIDNEY,

AFTER AN ACCIDENTAL INJURY, AND A PERFECT CURE.

BY PROF. J. BRANDT.

Stephen Palko, 25 years old—married. Received on the evening of June 3d, 1873, a stab in the left hypochondrium, followed immediately by a hæmorrhage of 3—4 ounces; which was checked by cold applications. Two or three hours afterwards the patient was attacked with severe coughing spells and stitching pains in the hypochondrium, and a relatively large fleshy tumor pressed itself out of the narrow opening, which was returned by some one present. Later coughing spells again pushed this tumor out, and twenty-four hours after the patient entered the hospital. Patient is well nourished, looks well, and gives no symptom of anæmia.

Percussion and auscultation of the internal organs show a a perfectly normal state. In the hypochondrium of the left loin, exactly at the lower edge of the last false rib we find a flat round tumor 9 cent. long and 6 cent. broad—a massive fleshy tumor. Its surface is flat and uneven, especially depressed in the centre, of a reddish color, and continually oozing out a straw-colored yellow transparent fluid. The edges of the tumor are uneven. Its lower surface is more arched and covered by a smooth membrane, the color of which changes; at some points dark-red, at others pale; especially at one spot is a dark-red point, which on a closer examination proves to be a blood extravasation moveable under the smooth skin, and also containing airy bubbles. This smooth coating is also torn at several points, especially at the edge of the tumor. From the centre of the lower surface arises a strong cord, 6 cent. in circumference leading into the abdomen, so that the tumor could well be compared to a mushroom. This cord is also covered with a smooth coating, apparently torn in several places, from which the same straw-colored fluid is discharged. Otherwise the cord is massive, and small fascicles can be felt in it, which are recognised as blood vessels, although all pulsation has stopped in them.

The abdominal wound, into which the cord leads, is situated at the lower edge of the last false rib, obliquely longitudinal, 3 cent. long, 1 ½ broad, with sharp edges ; is filled out by a cord which is thus nearly constricted and contains at its lower and deeper end the same yellow fluid.

The tumor feels like an equally firm, parenchymatous, painless (patient only complains of pain when the tumor is pulled by the cord, and only in the abdominal wound,) and is at its surface of a lower temperature than other parts of the body. The form of the tumor, not taking into account the uneven surface and edges, is most similar to that of one-half of a kidney, cut in two at autopsies, and by closer examination, or with the microscope it appears possible to see the different colors of the cortical and pyramidal substance. All around the abdominal wound looks normal, but posteriorily there is an oval depression in the left renal region. The edges of the wound are sensitive to the touch, even painful, and percussion all over the abdomen gives a normal sound. It can be plainly seen, that the wound inflicted is a deep one, but *I consider mechanical examination* INJURIOUS *and unnecessary for diagnostic purposes.*

The tumor is slightly moveable on its pedicle, especially in a rotating circle ; by elongating the pedicle the tumor may be somewhat removed from the abdominal wall, but it causes the patient great pain in the pedicle and immediately around it, but not in the tumor, which is not sensitive to the manipulation, (the severe pains in the renal region in severe, especially inflammatory processes, in mechanical renal disturbances from calculi may be seated therefore, not in the kidney, but in the adjacent parts,especially in the renal pelvis and ureter.)

The fluid oozing out of the tumor, especially from its surface shows the following physico-chemical and microscopical relations; after standing sometime it forms a considerable quantity of mucus sediment loosely sticking together, interspersed with red streaks, the fresh fluid as well as when standing sometime, gives alkaline reaction. The fluid examined twice a day, vacillates between 1,042—1,052 sp. gr.; contains large quantities of albumen, mucine and hæmoglobine, urea only in traces. Among the anorganic constituents alkalies and alkaline earths were prevalent. The sediment, microscopically examined proved to be a mixture, of pus-globules (in different stages of decomposition,) blood globules, granular balls and lumps, and a great many solitary granules flying about in the fluid (between which larger fatty drops could be seen,) kept together by mucus threads and fibrine coagula. Epethelial residue from the calyces and pelvis were mixed all through the fluid.

The diagnosis was clear enough. We saw before us a fresh abdominal wound, with a prolapsed somewhat injured kidney, and the question was—how severe is the injury, what reaction can we expect, and what will be the issue; what are the consequences for the whole organism, and finally what is to be done?

The kidney was split even into the calyces and the pedicle injured in several places, but we could not find out, how far this lesion of the ureter extended. It seemed to us clear, that by mere accident the peritoneum escaped all injury, and that the prolapsed kidney in consequence of the lesion of the conducting vessels and from the changed anatomical position has suffered so much in nutrition, that restitution would be impossible. We knew well enough, that life can be sustained even when by some morbid process one kidney becomes gradually unable to carry on its function, but may not the sudden stoppage be accompanied by uræmic manifestations? My first idea was not to hurry with the extirpation, but to leave the injured kidney in its abnormal anatomical position and partial function, in order that the sound one may gain time by growth for its vicarious functions.

In considering the physiological process of both kidneys in one and the same person, we find that they secrete in a certain time different quantities of urine according to different circumstances, the quantity and quality of food taken, muscular activity, circulatory changes, etc. In fact, we may allow to the kidneys the power of accommodation. Considering the different pathological processes of the kidneys, we find many, especially the inflammatory processes, by which the function of one and even partially of both kidneys become disturbed, and there are cases, where suddenly only a part of the kidneys carries on the function of both kidneys, and such results happen without that the organism is greatly influenced by it, and even if we acknowledge that uræmia arises when certain urinry constituents are not eliminated quickly enough from the blood, such a state can only set in, after the latitude of accommodation is passed, which, at least corresponds to the fractional activity of one lung.

Extirpation of the injured kidneys, thus a total suspension of its function, with the danger of uræmic toxæmia could be thought of, supposing that the other kidney is perfectly healthy, and such a supposition was justifiable, as the patient was robust and in the enjoyment of good health at the time of the stabbing ; but still the examination of the urine failed to give perfectly favorable results for the healthy state of the uninjured kidney, inasmuch as the vesical urine gave an alkaline reaction and contained some albumen ; but I had the right to conclude, that from the wounded kidney, which on its free surface secreted alkaline and strongly albuminous urine, a part of the urine reached the bladder through the ureter, and thus changed the urine secreted by the healthy kidney. The correctness of this supposition was proved after extirpation, as after that the urine remained normal.

One part in regard to prognosis remained still to be considered and this is the heart, which according to *Traube* becomes hypertrophied in renal diseases in consequences of the circulatory disturbance of the kidney from the consecutive increase of pressure in the aortal system.

As the patient was free from fever, I concluded to perform the extirpation on the 7th of June, on the fourth day after the accident. The temperature of the patient was, June 5th m. 37.2. C. pulse 76; e. t. 38.2. p, 84—June 6th, m. t. 37.8, p 70; e. t, 38.4, p. 72. June 7th, the day of the operation m. t. 37.6, p. 70.

The patient had very little thirst during these three days, and passed very little urine. In the substance of the kidney the inflammation—increase of purulent secreta, temperature, had considerably increased.

At 10 A. M., I carried a strong double thread of twisted Chinese silk, with a straight needle through the centre of the pedicle of the kidney and ligated it thus in two parts, and then removed the kidney with the knife. I remarked that the patient felt severe pain during the piercing of the pedicle and when ligating it, but far less during the bloody extirpation of the kidney, which was partly done through the substance of the kidney, in order to prevent secondary hæmorrhage from the pedicle.

No hæmorrhage followed the operation. The kidney, weighing 58 grammes (nearly 2 ounces) was put immediately in Muller's fluid for microscopic examination.

June 7th—after the operation moderate pains in the ligated pedicle, soon disappearing after a Morphine-injection; evening t. 38 c., p. 82.

June 8th—m. t. 37.6., p. 68. Patient complains of a burning sensation in the edges of the wound, which show a bright red color, and are covered with laudable pus; they are somewhat painful on pressure; feels otherwise well. E. t. 37.4., p, 68.

June 9th—m. t. 36.4., p. 60. Wound edges of bright red color, covered with good pus; somewhat painful on pressure; abdominal wall no where sensitive, nor the abdomen bloated, the patient drinks very little. E. t. 37., p. 60.

June 10th—m. t. 36.8., p. 68. More sensitiveness in the edges than yesterday, the immediate surroundings inflammatory, infiltrated, very sensitive to touch; the ligated pedicle loses its color. E. t. 37.6., p. 64.

June 12th—t. 36.8., p. 64. The inflammatory symptoms decrease, the wound is covered with good pus: he sweats a great deal at night—the ligated pedicle hangs only loosely at the edges of the wound. E. t. 37., p. 72.

June 13th—m. t. 36.8., p. 64. The ligated part of the pedicle fell off with the ligature, and the abdominal wound appears now as a wound about 1 cent. deep and covered with good pus. The surrounding inflammatory reaction is in a steady decrease.

Patient feels well and has a remarkably good appetite. E. t. 37.2., p. 64.

June 14th—m. t. 37., pulse 64. Wound granulates nicely.

June 19th—wound is steadily decreasing.

June 23d—m. t. 37.2., p. 80. Opening of the wound size of a lentil, and the patient feeling perfectly well, asks for his discharge.

Prof. *Toeroeck* examined the urine daily. The acid-reacting urine was always of higher sp. gr. (1.04–1.01,) otherwise normal; on the first days of a dark, reddish-yellow color, which became clearer day after day. The quantity of the discharged urine was:

June	7	(half-day)	310	grms.
	8	(whole day)	923	“
	9	“	905	“
	10	“	1425	“
	11	“	1211	“
	12	“	992	“
	13	“	1278	“
	14	“	1222	“
	15	“	1348	“
	16	“	1306	“
	17	“	1206	“
	18	“	1324	“
	19	“	1312	“
	20	“	1437	“
	21	“	1498	“
	22	“	1513	“

We see that that the uninjured kidney secreted considerably more than half the quantity usually secreted by both kidneys, and it was soon able to perform the functions of both kidneys.

I have seen the patient several times since his dismissal. The heart shows yet nothing abnormal, altho' he complains somewhat of dyspnœa, and feels more easily tired, especially in ascending mountains, or when doing a hard day's work; but we cannot believe everything, as he knows that such complaints would give him his discharge from military service.—*Wien Med. Wsch, 49. 1873.*

ON ESMARCH'S CONSTRICTION

OF THE EXTREMITIES DURING OPERATIONS.

BY B. O. LANGENBECK.

Prof. Esmarch published last year his procedure for bloodless operations. The experiments to restrict the loss of blood in surgical operations on the extremities to a minimum, are nothing new. In amputations of the thigh, where on account of great debility of the patient, the loss of blood has to be feared, I have ordered for years the compression of the chief artery for some time before operating; I bandaged firmly with wet bandages the extremity from the toes upwards, used the tourniquet, and then operated. Other surgeons probably did the same, and I do not consider it my discovery.

But *Esmarch's constriction is something far different!* for by his method hardly any blood is lost; by his firm bandaging with india-rubber bandages *all blood* is removed from the periphery, and by the constriction of the whole extremity above the place of amputation with the india-rubber tube, not a particle of blood can enter below the place of constriction. Another great advantage results from this method, that during the entire duration of the operation the field of operation is not covered by blood, and that the anatomical and pathological relations of the tissue can be looked over with the greatest perspicuity. In very subtle operations, as for instance, in resection of the carpus, it gives us the great advantage to ward off every injury to the parts, without the necessity of continually sponging off the blood, and thus to injure the wounded surface.

The ischæmia, kept steadily up during the whole operation, appears to cause a transient paralysis of the blood-vessels, as immediately after the removal of the constricting tube, the skin of the constricted extremity becomes intensely red.—With this manifestation we also witness the appearance of a capillary hæmorrhage, (I suppose, that divided large arteries were attended to during the period of constriction,) which is, perhaps, somewhat more copious than usual, but which brings no injury whatever.

We only wish to give some admonitory advice. I consider it hazardous to apply constriction in an ichorous condition of the extremities, which demand operation, as the ichorous infiltration may be thus pressed into the circulation.—The same caution is necessary in amputations in cases of of soft, wearing away tumors. In operations on the upper extremity the constriction of the upper arm, needs some caution, as it may produce paralysis of the nerv. medianus or ulnaris, by compressing them too tightly against the bone.—In two cases of operation for pseudoarthrosis of the humerus such a paralysis of the branches of the medianus were observed, but it passed off after a few weeks.

In another operation for necrosis of the humerus, where the constriction was of the greatest advantage, a perfect motory paralysis of the median nerve set in, which still persisted after three weeks, when the patient asked for his discharge.

To obviate such accidents, I have discarded the constriction with the india-rubber tube at the upper extremity, and use instead, after the peripheric bandaging is done, a second india-rubber roller for the upper third of the humerus and fix it tightly with a clamp. The operation is just as bloodless, and no consecutive paralysis sets in.—*B. K. W., 50, 1873.*

Clinical Observations.

D. A. COLTON. M. D., CHICAGO. ILLINOIS, EDITOR.

ACUTE BRONCHIAL CATARRH RELIEVED BY THE EXPECTORATION OF A CHALKY CONCRETION.

Mrs. H., a blonde of excitable temperament, was delivered of a fine boy on Nov. 22d, 1873. Notwithstanding her tedious and excessive labor, she improved quite satisfactorily until about a week subsequent to her confinement, when, from an apparent cold, she suffered from severe bronchial irritation, and a spasmodic cough of an aggravated character. Besides, in the left side, in the region of the 8th to 10th ribs, there was an acute pain, which, at times, extended up to the left shoulder. This affected her breathing to such an extent, that she could not lie down in bed, but had to be bolstered up in a semi-recumbent position. Affections of the intercostal muscles was the chief cause of the pain; but soon after this was subdued, the patient had to sit up, as the coughing was nearly constant when lying down.

Hep. sulph. and Cann. Ind. were the remedies that acted the most happily in abating the severity of the paroxysms of coughing, and promoting expectoration. The expectoration was very profuse, especially after sleeping. This amounted at times to half-a-pint, and was of glairy, frothy mucus, with occasional lumps of a greenish hue.

From the fifth day of the attack, the cough gradually diminished in severity, though the expectoration continued excessive until the 15th day, when, during a paroxysm of coughing, a chalky concretion of the size of a split pea was expectorated. Immediately upon this the cough and expectoration almost entirely ceased.

The treatment was immediately discontinued, and although a severe attack of quinsy came on about four days later, the cough did not return.

It may be remarked that the sensation that seemed to induce the coughing, was a tickling at the throat pit; at the top of the sternum; also, that the bronchial irritation was confined to the larger tubes; and even when the pain in the side was most severe, neither the pleura nor the parenchyma of the lung was involved.

It would appear to me, therefore, that the calcareous deposit must have occurred near the bifurcation of the trachea, and in one of the bronchial divisions of the left side. The local irritation must of course have been intensified by the pressure of this foreign body. The foreign body itself may have been the result of metastasis or retrograde metamorphic changes, these changes relating directly to the connective tissue or the mucus exudations of the part.

Virchow speaks of the reabsorption of large quantities of the calcareous salts from the bones, and when such salts are not excreted by the kidneys, they may form metastatic deposits in the lungs or the stomach.

The mucous membrane of the stomach may thus be so filled with calcareous salts as to feel like a rasp, and grate under the knife,without the glandular structure of the stomach becoming directly implicated. Also, that considerable portions of the lungs may become calcified without any injury to the permeability of the respiratory passages; the portions thus calcified presenting the appearance of fine bathing sponge.

The calcareous degeneration of the arteries, of the tubercle, fibrous tumors, cancer, etc., is quite too familiar to the profession to require more than a passing notice. D. A. C.

SINGULAR FORMATION IN THE MOUTH

FROM AN AMALGAM FILLING.

BY DR. R. A. WEARE. HOMŒOPATHIC DENTIST.

Some two years ago, I put a large amalgam filling into a superior molar tooth, in the mouth of Prof. W. C. Richardson. A few days since the doctor called at my office, I playfully requested him to sit down in the operating chair and let me examine his teeth, which he did. My attention was immediately arrested by a yellow orange-colored deposit covering the necks of the teeth, and extending well down on the crowns.—This deposit was unlike any which I remember previously to have seen on the teeth, and at once it occurred to me,that that single amalgam filling was in some way connected with its formation.

On examining the plug, I found its surface apparently as bright as when first introduced ; there was, therefore, no deposit of the sub. oxide,or of the protoxide of mercury,for these oxides are both dark colored, and nearly, if not quite insoluble in the saliva. It does not follow though, that neither of these oxides had been formed and acted upon at the moment of formation, by an agent capable of converting into some other preparation of mercury ; on the contrary, such seems to have been the case.

Now oxygen, sulphur and chlorine, each have a strong affinity for mercury, and also for silver ; but the deposit under consideration, from its character, is not a combination of either of the elements above mentioned with silver, nor with tin, which is usually present in silver amalgams—it must, therefore, be a combination of one or more of the above elements with the mercury of the filling. The deposit under consideration, is not a chloride of either of the metals in the filling, for it possesses none of the characteristics of chloride, but it does possess the characteristics of the sulphate of the protoxide of mercury, after having been washed out in the water of the saliva.

It remains to be seen, how these two elements, oxygen and sulphur, combined with the mercury of the filling, and produced the deposit on the teeth. As before said, oxygen is always present in the mouth, and having a great affinity for mercury, combines with it, forming an oxide. Sulphur has a great affinity for both the oxygen and mercury, and it is probable that being liberated in its nascent condition, it acts with great energy upon the oxide of mercury, and thus produces the sulphate of the protoxide; or, it may first combine with the oxygen of the air or of the saliva, and form sulphuric acid, and this combining with the mercury, would give the sulphate of the protoxide of mercury. But the sulphate of the protoxide of mercury is a "heavy,white,crystalline powder;" another step in the chemical process has then taken place—this white crystalline powder has been carried in the saliva to all parts of the mouth.

According to Fowne, "water decomposes the sulphate, dissolving out an acid salt, and leaving an insoluble, yellow bassic compound,formerly called *turpeth*, or *turbieth mineral*," and as according to the analysis of Berzelius, human saliva con tains 992 parts water to every 1000, we have everything present in the mouth,for the production of the sulphate of the protoxide of mercury, and subsequently of the yellow deposit upon the teeth.

All the elements existing in the mouth for the production of various forms of mercury, when amalgam fillings are present, it is not improbable that various compounds are produced; and, that the drug,in its most active form,is thus slowly but surely introduced into the system, producing constitutional effects. Indeed, when we consider how frequently chlorine is present in the mouth,from the salt taken with the food or otherwise,it is not improbable that both the sub-chlor. and the chloride of mercury may at times be formed; for, the oxide of mercury is very liable to be formed after the insertion of an amalgam filling, and this oxide is quickly decomposed, giving subchloride of mercury or calomel in combination with chlorine, or hydrochloric acid, which is frequently present in the mouth.

If these views are correct, it is evident that amalgam should be done away with as a filling, and something not objectionable to the above changes should be used in its stead. It is true that toxical effects are not produced in all who wear amalgam filling; but then it is equally true, that many are being slowly poisoned; and, as there is always a *liability*, is it not better to entirely discard amalgam, and use only the best of substances – GOLD?

NATRUM MURIATICUM.

BY C. P. HART, M. D., WYOMING, OHIO.

In the early days of my homœopathic practice, this remedy was my great stumbling block. Could it be, thought I, that a medicine which was being daily taken into the system in comparatively large quantities as a condiment, should have any appreciable effect when administered in infinitesimal proportions as a medicine? The idea seemed utterly absurd!—Hence, although, according to the provings, *Natrum muriaticum* was frequently indicated, I always avoided giving it, having no faith in it whatever as a curative remedy.

At last I was called upon to treat a case of chronic dyspepsia—that protean disease of which, as is well known, there are no less than eighteen or twenty well-marked varieties. The patient was a lady of high standing in society, being the wife of Prof. H. of A—— College. For more than four years she had been under allopathic treatment; and for the last five or six months under that of Prof. B. of Cincinnati. It was, therefore, of no small consequence to the cause of homœopathy in our town, as well as to my own reputation, that I should effect a speedy and satisfactory cure.

The symptoms showed plainly that the disease was seated, for the most part, in the duodenum. She complained of great fullness or distension in the right hypochondrium, accompanied with a dull, heavy, aching pain in the same region, coming on generally some two or three hours after eating, and being partially relieved as the process of digestion was completed. There was very little, if any fever, ordinarily, but great languor and weakness. There was also considerable emaciation; an unhealthy, sallow condition of the skin; unhealthy evacuations; costiveness; a bitter, putrid taste; canine hunger; cephalalgia, greatly aggravated during the process of digestion; drowsiness in the daytime, and sleeplessness at night; dyspnœa, especially after exertion; cold hands and feet; frequent shiverings; palpitation of the heart; and great dejection of spirits. There was also a conspicuously scorbutic state of the system, arising from the frequent mercurializations to which her system had been subjected, under the impression that she was suffering from disease of the liver. Altogether, the case was one which seemed to point unmistakably to *Natrum muriaticum*; but such was my prejudice, or rather my want of faith in this medicine, that I rejected it, as I had so often done before; until, after having wrung the changes on many other remedies with but little benefit to my patient, and feeling that the case was likely to slip out of my hands, as a *dernier ressort*, I prescribed *Natrum mur. 30.* Never could poor mortal be more astonished than I was with the result.—The patient began at once gradually to mend; the improvement going on without any interruption under the use of a single dose of the remedy per day, until she became again plump and active—her skin soft and clear—digestion easy and natural—and, in short, until entire recovery took place.

Although I obtained great credit for the successful treatment of this case—the cure being looked upon as almost miraculous—the instruction which I drew from it was doubtless of far greater importance.

I have given this brief chapter from my early experience, not only for the benefit of students and young practitioners, but because we are apt, I think, to allow our prejudices to interfere with our choice of remedies; and also, because in our search after *new* ones, we are liable, oftentimes, to forget or overlook some of our old and most valuable polychrests.

LOOKING TOWARDS HOMŒOPATHY.—In a paper read before the British Association, Dr. Brunton expressed the opinion that effects of cholera poison may be counteracted in the same way as those of other poisons—by appropriate antidotes. He supposed that if a poison could be found having a *similar action* to that of cholera, an antidote to the former might prove a remedy for the latter.

When will he take another step?

Materia Medica of New Remedies, &c.

PROF. E. M. HALE, CHICAGO. ILL., EDITOR.

VIBURNUM OPULUS:

A NEW REMEDY FOR DYSMENORRHŒA.

BY E. M. HALE, M. D.

The physician who finds a remedy for any painful disorder, is a public benefactor. The physician who shall find a remedy for *painful* menstruation would have the blessings of thousands of suffering women.

The use of *Viburnum Opulus*,in the treatment of dysmenorrhœa, did not originate in the practice of any physician. It is a tradition in this country that the aborigines so used it among themselves, and that the secret of its use was handed down to the white people. At any rate, it has been in successful use here for more than a century as a domestic remedy in many painful affections of women.

It was from observation of its domestic uses, that the writer gained his first knowledge of its value. ' I first prescribed it in the form of a weak infusion, then in drop doses of the mother tincture, and finally in the dilutions up to the 3x. Its specific action seems to manifest itself in the dilutions as well as in more material doses.

I find by reference to works on botany,that the *V. Opulus* is a native of America,England and Scotland. It grows wild here, and is also cultivated in gardens. The cultivated variety is so changed in its character, that all the flowers are destitute of stamens, making it sterile. In this form it is called the Gueldres Rose or Snowball, from the large globular or white infloresence. In this country the wild species is called *Cramp-Bark* one of those felicitous names which indicate its specific action. It is also called High-Cranberry, from the resemblance its berries have to those of another species of the same genus, namely,the V. Oxycoccus, or common edible cranberry. Its berries are red and sour, and remain on the shrub all winter. They are eaten in this country and in England and Norway—and are quite palatable when stewed with sugar.

For medical purposes we procure the bark of the root,shrub, and its limbs, (the fresh bark is preferable,) and make a tincture with alcohol of 75 or 80 per cent.

This tincture should have a dark red color and a peculiar acid odor, very similar to the odor of Valerian ; so close does it resemble it, that I am quite certain a chemical analysis of the bark would detect the presence of Valerianic acid.

In my treatment of *spasmodic dysmenorrhœa*, for which variety this remedy is specifically indicated, I prescribe the *θ* tincture of 1x to 3x dil., a few drops 3 times a day for a week previous to the expected period. When the pain .sets in, give it every hour, or every 15 minutes if the pains are severe. It is equally useful for the severe *false* pains preceding normal labor, and which often renders the woman's life a torture for weeks. It is of great value for *after-pains*, and a dose should be given after every pain. *Cramps in the abdomen and legs* of pregnant women, are controlled very quickly by it.—It will prevent *miscarriage*, if given before the membranes are injured, and when the pains are *spasmodic* or threatening.—I have not tested it sufficiently in spasmodic affections of other organs, but predict that it will prove useful in spasmodic conditions of all *hollow muscular* organs and their muscular connections. Nor have I decided whether it acts on the muscular tissues *directly* or indirectly through the *motor nerves*.—It may prove to be a spinal remedy after all. I would like my English colleagues to test its value.

The above is from the *Homœopathic World*, corrected.

[NOTE.—Since the above was written ; now three months, I have used the Viburnum in many cases of neuralgic and spasmodic dysmenorrhœa, and have yet to meet with a single case where it has failed to cure.

So confident have I been in its almost marvelous powers that I have taken pains to look up some old cases that I had dismissed years ago as incurable, in order to test this new remedy on them. In every instance so far, it has cured these old obstinate cases. Its sphere of action seems to cover nearly the same grounds as *galvanism*. In the last number of the *N. A. Jour. of Homœo.*, Dr. Neftel has a valuable paper illustrating the curative power of galvanism in dysmenorrhœa. He gives many illustrative cases, and singularly enough, they all resemble the cases I have cured with the Viburnum. I use the 1st dec. dil.—HALE.]

OBSERVATIONS ON ÆSCULUS HIPPOCASTANUM.

BY C. M. HART, M. D., WYOMING, OHIO.

The use of this remedy has hitherto been confined, for the most part, to hæmorrhoidal affections, particularly those of a chronic character. Its sphere of action, however, is far from being thus limited. I have found it to be equally effective in acute attacks of hæmorrhoidal, portal, and other abdominal congestions. This would appear to be directly opposed to the experience of Dr. R. Hughes, of England, who, speaking of its use in piles, says:—

"When they are only secondary to existing portal or other intra-abdominal congestions, Æsculus will probably be inferior to Nux and Sulphur. When they are associated with symptom of varicosis elsewhere, and bleed much, Hamamelis will be a better remedy. But when the only connected symptoms or appreciable cause is constipation, and there is much pain but little bleeding, Æsculus seems pretty likely to effect a cure."

Now, the reverse of this is the fact. In the first case, Æsculus is superior to either Nux or Sulphur; while in the others, and especially the last mentioned, Nux and Sulphur are the indicated remedies.

Indeed, it is impossible to reconcile these opinions of Dr. Hughes, with his experience in other cases. Thus, in the 24th Vol. of the *British Jour. of Homœopathy*, he reports the following case:—

"Miss W., aged 40, had been suffering for two months with hæmorrhage and pain after stool. The bowels were moved every other morning; the bleeding was considerable and the pain intense; gradually subsiding afterwards, but not leaving her until evening. She felt much weakened, and was beginning to suffer from neuralgic pain in the face. Regarding the hæmorrhage as the most important symptom, I prescribed Hamamelis 2, a drop three times a day.

"Sept. 30th. (Ten days afterwards.) The bowels had been twice moved without any bleeding, but the pain was as severe as ever. Æsculus 2, a drop three times a day.

"Oct. 3. The last evacuation was painless as well as bloodless. Continued.

Oct. 21. The patient had her last prescription, and has not been heard from since."

Here, it will be seen, Hamamelis, while it promptly arrested the hæmorrhage, failed to effect a cure, although the bleeding was "considerable." On the other hand, *Æsculus* promptly and permanently relieved the patient, "when the only connected symptom or appreciable cause" was congestion and *not* "constipation," the bowels having previously been "twice moved."

The characteristic symptom, or key-note, for the employment of Æsculus, I have found to be, *throbbing* in the *abdominal* and *pelvic* cavities, especially the latter. Hence, it is specially indicated in all active intra-abdominal and pelvic congestions. I have prescribed it with invariable success in all cases of congestion and inflammation of the neck of the uterus, attended with the above mentioned symptom. Nor is it necessary to use the remedy very low. One drop of Æsculus 6, 3 or 4 times a day, has cured in my hands, the most inveterate cases of inflamed cervix uteri, when not complicated with ulceration ; and has greatly relieved, and sometimes cured, similar cases attended with retroversion, prolapsus, ulceration, enlargement and induration, when characterized by great tenderness, heat and *throbbing*, as in the following case :—

Mrs. C., aged 22—a small, delicate blonde—had suffered during the last five years with congestive dysmennorrhœa.—Eight months ago she was thrown from a carriage, since which time she has been under both allopathic and homœopathic treatment for retroversion and prolapsus of the uterus.—Growing worse under the treatment to which she was subjected at Denver City, she was brought to me for advice, with the following result :—

Sept. 8. Semi-paralyzed condition of the right lower extremity ; muscles sore and contracted ; has to be carried, being totally unable to walk. Great weakness and emaciation.—Pulse 110, irregular, and very weak. Face flushed and eyes sparkling. Bowels obstinately constipated. Occasional nausea and vomiting. Skin hot and dry. Patient complains of great weakness and pain in the back, cephalalgia, and *constant throbbing behind the pubes.* A digital vaginal examination shows retroversion and enlargement of the fundus, with great tenderness, heat and swelling of the cervix uteri, the vessels of which pulsate with great violence.

Ordered the patient to lie constantly upon her face and left side; to use cold vaginal injections three times a day, and to take *Æsculus 6,* one globule every two hours, until the throbbing ceases, after which it is to be taken only twice a day.

Sept. 12. Throbbing ceased. Continue treatment.

Oct. 1. Patient greatly improved, and able to walk.

Nov. 1. Patient dismissed—cured.

PROTOSULPHIDE OF MERCURY.

BY E. M. HALE, M. D.

The use of this medicine in *typhoid fever* is attracting the attention of English and European homœopathists.

Dr. Serres, of Paris, (allopathist) was the first to use it, but in the crude form.

Dr. Petros was the first homœopathist who used it in typhoids, and always in the 12th potency. He left on record two cases which illustrates its action, and gives the groups of symptoms for which it is indicated.

Dr. Von Tunzelmann, of London, has lately brought it again to notice, and gives some additional indications for its use. I have collected all the known indications, (no provings have been made,) and arranged them in the following groups:—

Febrile heat, pungent, pulse small, weak, 120—130; great weakness; *paleness* or flushing of the *face* in the middle and after part of the day. *Drowsiness,* or wakefulness with restlessness, unconsciousness with mostly delirium.

Headache in the forehead. *Eyes* with dark circles under them; *lips* dry and shrunken; *tongue* shrunken, covered with a dark brown crust; stiff, dry and black.

Abdomen tender, particularly in the cœcal and epigastric regions, distended (tympanitic.) *Urination* frequent, scanty.

Diarrhœa—bilious, dark-yellow, watery, preceded by colic; followed by fainting; not profuse or frequent, only two or three evacuations a day.

Pathological indications—Dr. Petroz says this remedy is unsuitable in the *first* stages of typhoid. Dr. Von Tunzelmann says—"I should say that the place of the Protosulphide of Merc. in typhoid fever is between *Baptisia* and *Arsenicum*, in cases where *Baptisia* has not been able to arrest the progress of the disease, or where the case has not been seen within the first ten days and the local lesion in the solitary and aggregated glands of the ileum, nor had time to become distinctly developed; at the same time the absence of marked diarrhœa, showing that no great amount of ulceration of the mucous membrane at the seat of the inflamed glands, has taken place."

I should say that *Merc. sulphide* comes after *Baptisia* and before *Terebinthina*, for generally *Arsenicum* is not indicated until after *turpentine* has been used.

This drug is not found in our pharmacopœia in this country, but its composition is invariable, and not a chemical union the result of decomposition—it can be prepared in a stable manner. Dr. Delamater will give the method of preparation in another page. I confess I should prefer to use the 6th trit., rather than the 12th dilu., although we have no right to doubt its dynamic power as recorded by Drs. Petroz and Von Tunzelmann.

GUARANA IN SICK HEADACHE AND THE EXCITEMENT OF EPILEPSY.—Dr. W. McDowal, of Edinburgh, contributes an article to *The Practitioner*, of Sept. on the effects of this drug. He had uniform success in relieving sick headache in a number of cases, the dose being one-half to one drachm and in some cases of excitement due to epilepsy a drachm of drug would produce pallor of the face, and quietude for one or two hours; but the effect was transitory, and by no means equal to that of ergot. In experiments upon himself, and other healthy persons. Dr. McDowal observed that Guarana will completely prevent the fulness of the head, lassitude and sleeplessness following a full meal.

EUCALYPTUS GLOBULUS.

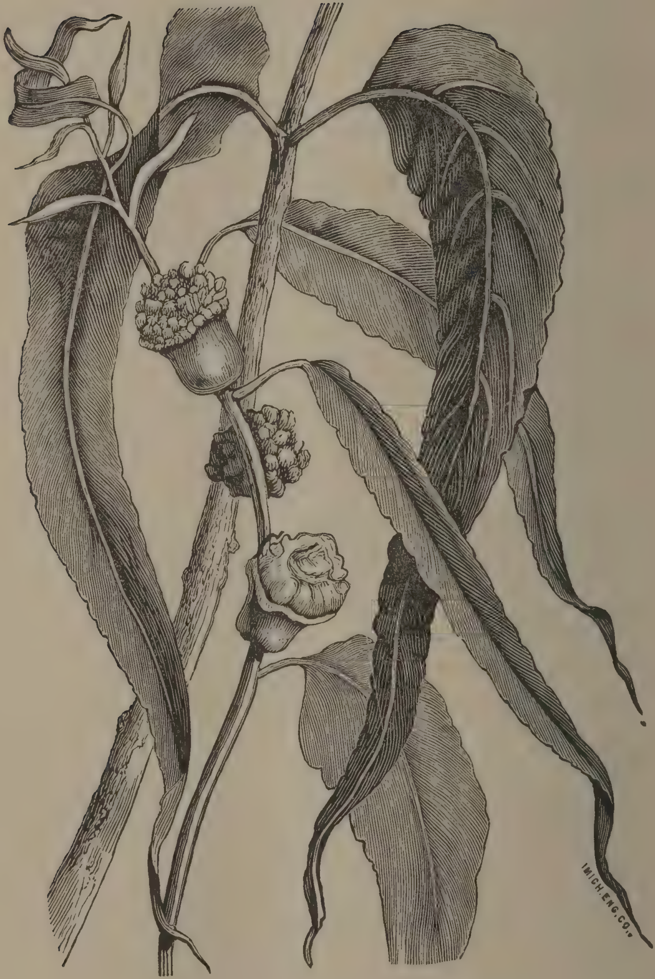
(*The Australian Fever Tree.*)

The *Scientific American*, Feb. 14, 1873, says: "A question of considerable general interest was recently discussed at a meeting of the French Academy of Sciences. The subject was the remarkable sanitary influence of the *Eucalyptus globulus*, when planted in marshy grounds; and the tree in brief, it seems, has the curious and valuable power of destroying the malarious element in any atmosphere where it grows.

The species is indigenous to Tasmania, and is known among the colonists by the name of the Tasmanian blue gum tree, on account of its dark bluish tinted leaves. Growing in the valleys and on thickly wooded mountain slopes, it often attains a height of 180 to 220 feet, with a circumference of trunk of from 32 to 64 feet. The foliage is thin and oddly twisted surmounting, with a thin crown, the top of the pillar-like stem. The wood exhales an aromatic odor, and, after seasoning it is said to be incorruptible. For this reason, it is largely used in the building of piers, vessels, and other structures exposed to the ravages of the weather. It is largely exported, to the aggregate value, an authority states of $4,000,000 per year.

To the peculiar camphor-like odor of the leaves and the large absorption of water by the roots is doubtless owing the fact of the beneficial influence of the tree. Where it is thickly planted in marshy tracts, the subsoil is said to be drained, as if by extensive piping.

Miasma ceases, we are told, wherever the Eucalyptus flourishes. It has has been tried for this purpose,at the Cape; and,within two or three years, completely changed the condition of the unhealthy parts of that colony.—Somewhat later, its plantation was undertaken, on a large scale, in various parts of Algiers, situated on the banks of a river, and noted for its extremely pestilential air; about 13,000 Eucalypti were planted. In the same year, at the time when the fever season used to set in, not a single case occurred, yet the trees were not more than nine feet high. Since then, complete immunity from fever has been maintained. In the neighborhood of Constantina, it is also stated, was another noted fever spot, covered with marsh water both winter and summer; in five years, the whole ground was dried up by 14,000 of these trees, and farmers and children enjoy excellent health. Throughout Cuba, marsh diseases are fast disappearing from all the unhealthy districts where this tree has been introduced. A station house again at one end of a railway viaduct, in the department of the Var, was so pestilential that the officials could not be kept there longer than a year; forty of the trees were planted, and now it is as healthy as any other place on the line.



EUCALYPTUS GLOBULUS.
(Blue Gum Tree.)

La Nature, to which we are indebted for the annexed engraving of the peculiar leaves and flowers of the tree, adds, that careful experiments have proved that, in a medicinal preparation, it cures the worst cases of intermittent fever, against which Quinine proves powerless. It is also valuable as a disinfectant, and as a dressing for wounds ; while more recent investigations point to the fact, that it may be rendered of great service in catarrhal affections.

The tree has been acclimatized, to a certain extent, in the South of France, Algiers, Corsica, Spain, Cuba, and Mexico. We should imagine that it might be cultivated, with immense advantages, in the swamps of our Southern States.

The therapeutic value and uses of the Eucalyptus Globulus are thus described by Dr. S. Ringer in the *London Medical Record*:—

In March, 1870 M. Cloez announced that Eucalyptus consists of chlorophyl, cellulose, essential oil, (eucalyptol) resin, tannin, lime, and alkaline salts. M. Debray, *De l' Eucalyptus Globulus*, Paris 1872) and M. Rabuteaux (*Communication a l' Academie des Sciences*, Nov. '72) confirm these researches. Eucalyptol, a liquid camphor $C_{24}H_{20}O_2$, possesses almost all the active properties of the plant, which does not contain an alkaloid. When applied to mucous membranes, Eucalyptol excites congestion according to the strength of the application. A few drops produce a sensation of coldness in the mouth, whilst one or two grammes (15.5 to 31 grs.) excite disagreeable warmth in the mouth, and pain in the stomach and intestines. A small dose promotes appetite, a large one destroys it.

Gimbert employs small quantities of the essential oil on account of its antiseptic and stimulant properties in tooth-powders, gargles, eye-washes, and applications to wounds, especially unhealthy wounds. It can be given in capsules ; and, by administering it with food, we avoid irritation of the œsophagus or stomach.

A moderate dose of eucalyptol, 10 to 20 drops, at first accelerates the pulse, produces pleasant general excitement, shown by irresistible desire for moving about, and a feeling of buoyancy, increased appetite, strength, and sexual appetite. It is an intoxicating medicine, but unlike opium or a large dose of alcohol, these effects are not followed by brutishness and torpor, but produce a general calmness and soothing sleep. Intoxication is not constant; often it only stimulates. M. Gubler says this excitement may amount to fever ; and Gimbert believes that he has produced fever in a dog by subcutaneous injection. M. A. Sicard suffered from a severe attack of migraine after inhaling eucalyptol. In one case, it produced cerebral congestion, with much excitement, and in another painful palpitation of the heart.

The engraving, copied from *La Nature*, will be found on the preceding page.

EUCALYPTUS GLOBULUS.

BY E. M. HALE, M. D.

This medicine bids fair to become a valuable remedy when its physiological and pathogenetic effects are developed by systematic provings.

The February No. of the Monthly Homœ. *Review*, contains a communication from Dr. Fawcett, a physician residing in Australia, in which he narrates an experiment which he made upon himself with the drug. He took a decoction of "twenty leaves in a pint of water, allowing it to simmer until the quantity was reduced to one-half." Of this he took a tablespoonful three or four times a day. After using it several days he got the following group of symptoms:—

(1.) *Eruptions* on the skin of an herpetic character; glandular enlargements; and foul, indolent ulcers. (See group 6.)

(2.) Tenderness and burning sensation in the region of the stomach and bowels, with great heat in the rectum, which was followed by tenesmus with discharge of mucus and great prostration. Violent purgation and hæmorrhage from the bowels ensued. (In another experiment he had):

(3.) Rheumatic pains, jerking, tearing, stitching—worse at night—(followed by)

(4.) Burning sensation in the epigastric and umbilical regions, together with tormenting thirst, faintness, vertigo, dimness of sight; a sense of fullness in the head, with dull frontal headache, a tightness across the bridge of the nose, as if profuse epistaxis would set in.

(5.) In both upper and lower extremities, pricking sensations were first noticed and followed by painful aching in both arms and legs, together with a sense of fullness in the veins, and a stiff, weary sensation, as if too lazy to move. (The experiment four months afterwards caused)—

(6.) Eruptions similar to *Group 1*, together with swellings in different parts of the body. One below the nipple on the right side, about the size of a filbert, the seat of stabbing and darting pains.

Dr. F. was requested to see a lad thirteen years of age, who appeared to be suffering from rheumatic fever. The usual remedies were of no service. On more closely examining the boy's condition, he found many nodular swellings over the metacarpal and metatarsal joints. He could neither walk nor carry anything without great pain. Noticing a similarity of the symptoms the Eucalyptus produced on himself, he accused the patient with having eaten the leaves of the tree, and on pressing him he found that he had eaten largely of the gum, and had chewed many leaves. Dr. F. believes that his symptoms were entirely due to the leaves and product of the Eucalyptus.

The fragmentary provings above narrated indicate that it will prove valuable in *dysentery*, probably malarial or catarrhal ; also, in *rheumatic affections* and *scrofulous eruptions*.

By reference to the brief notice of Eucalyptus in the third edition of *New Remedies*, it will be seen that some of the pathogenetic symptoms there recorded are verified ; that the clinical uses are similar to some of the symptoms elicited in Dr. Fawcett's experiments.

EUCALYPTUS GLOBULUS.—Dr. A. B. Stout, says: "When the empyrematic oil of the leaves is evaporated, it diffuses an agreeable odor throughout the house. He considers that the oil is allied to creosote, and to pyroligneous and carbolic acids; hence its disinfectant and antiseptic qualities. He believes that the powder of the dried leaves scattered in trunks and clothes will be as useful as camphor and tobacco in driving away or destroying moths and insects,and more agreeable. It is very valuable as a sedative and antiseptie in asthma, throat-diseases, nasal catarrhs; and affections of the mucous membranes."

Pharmacology and Posology.

N. B. DELAMATER, M. D., CHICAGO, EDITOR.

EUCALYPTUS GLOBULUS.

(*Fever Tree.*)

The Eucalyptus globulus belongs to the natural order of Myrtacæ,the same as the Clove (*Caryophyllus aromaticus*,) the Cajeput, (*Melaleuca minor*,) and the Pimento, (*Eugenia pimenta.*)

There are over a hundred varieties in this genus, of which this is one of the noblest.

It often grows to a size simply gigantic, sometimes being three hundred feet high and thirty feet in diameter.

The wood is very dense and hard.

The leaves are green, growing on a short stem, are quite thick and leathery, with a well marked nervule through the centre, shaped like a spear, and curved something like a scythe-blade.

They grow in two distinct forms from opposite sides of the stem or branch, and consequently two leaves cannot be superimposed, unless taken from the same side of the stalk.

It is a native of the Australian and Tasmanian forests, but is quite easily acclimated in nearly all parts of the temperate zone. There seems to be a remarkable freedom from malarious diseases in any localities where these trees are grown. I would suggest that their cultivation on some of the malarious districts of our country, would not only be practical, but would do more toward preventing intermittents, than all our skill in the use of remedies can accomplish.

I believe the cause of it to be the effect of ozone being set free in the atmosphere, by the action of their peculiar aromatic emanations. The ozone being a destroyer of the malarious influence, whatever it may be.

The chemical analysis made by Cloez of the leaves, shows a small quantity of resin, and a large quantity of essential oil and tannin.

An essence called Eucalyptol has been obtained from these leaves; its chemical formula is $C_{20} H_{20} O_2$, being almost exactly of the same composition of Camphor—boils at between 170° and 175°—its density is 0.905.

No immediate crystalized substance has yet been found. Eucalyptol has a peculiar agreeable odor resembling camphor, lavender and walnut; and is fragrant.

The taste is aromatic, but bitter and somewhat acrid, and excites the salivary glands.

PHARMACEUTICAL.

The tincture is made by breakthe dried leaves finely, and to one ounce add two ounces of distilled water, and eight ounces of alcohol, allow it to stand seven days, filter and run up the 1st and 2nd dilutions with dilute alcohol, above the 2nd with alcohol.

It is also frequently used in decoctions, especially for topical application.

EUCALYPTUS GLOBULUS.—Dr. A. B. Stout, like Gimbert, uses a concentrated tincture (one of spirit to one of liquid extract,) and employs this as an inhalation, which quickly relieves the spasms of asthma. He adds a teaspoonful of the tincture to boiling water. Cigarettes made with coarsely powdered leaves are anodyne and antispasmodic.

Dr. Lorinser (*Wiener Med. Wochenschrift*, No. 43, 1869,) published some cases of intermittent fever successfully treated by a tincture in two-drachm doses made from the leaves.

Dr. Bohn (*British Medical Journal*, March 2, 1872, from *Berliner Klin Wochenscrift*, Feb. 26, 1872) finds it useful in the fever of hectic as well as of ague.

Dr. Joseph Keller (*British Medical Journal*, May 11, 1871,) treated 432 cases with this remedy; 71.76 per cent. were cured, 28.24 required Quinia in addition. Of the 310 patients who were cured, no paroxysm occurred after the first dose in 202. Of 118 cases in which Quinia has been given unsuccessfully, 91 cases recovered under the use of the Eucalyptus.

Dr. Keller believes the plant grown in Austria is less efficacious than that imported from Australia. He considers it of especial use in obstinate ague which had resisted Quinia, and that the average duration of treatment by Eucalyptus is shorter than that by Quinia. He uses a tincture made from the leaves (10 lbs. of the leaves yielded 25 quarts of the tincture.) The average dose was 2 drachms, and the average quantity used for each patient 7 drachms.

MERCURIUS PROTOSULPHIDE. *Synonyms*: Black sulphide of Mercury; Black sulphuret of Mercury; Sub-sulphuret of Mercury.

It is a black impalpable powder, having none of the metallic lustre of mercury, and in its combination loses the characteristic appearance of the mercurial particles.

It is prepared by triturating mercury and sublimed sulphur together in their atomic proportions.

Thus you will carefully weigh out 100 grains pure mercury (quicksilver) and 32 grains of *sublimed sulphur—mix very thoroughly in a mortar which has been carefully washed and thoroughly dried expressly for the occasion, and then triturate with force from two and one-half to three hours.

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* Sublimed Sulphur, is either the rolled Sulphur which has been sublimed, or the washed flower of Sulphur (*Gewaschene Schwefelblumen.*)

From, this you will make the potencies from 1st to 6th by trituration with fine sugar of milk, from the 6th up, dilutions with alcohol.

This preparation will be distinguished by its being black, from the yellow or red sulphuret of mercury.

Its blackness also gave it in old times the name of Ethiops mineral.—[*Delamater.*]

AMOUNT OF CAFFEINE CONTAINED IN COFFEE.

The *American Chemist* says: Although the quantity of caffeine contained in raw coffee is known, no attempt has ever been made to ascertain how much of the alkaloid is contained in a cup of coffee; and it is also uncertain whether the beans should be slightly or strongly roasted, and whether the ground coffee must be boiled to extract its active principles or simple infusion is sufficient.

By extracting the coffee with water, either by percolation or decoction, and evaporating to a syrup, which is then treated from five to eight times with chloroform at nearly 60° until all the caffeine is dissolved out, we obtain from raw beans of yellow Java 0.709—0.849 per cent. of caffeine. When much roasted coffee loses a certain quantity of caffeine which sublimes; whereas it loses none by slight roasting. Notwithstanding this, the coffee made in the usual way by percolation from strongly roasted coffee, contains rather more caffeine than that made from an equal weight of slightly roasted coffee, as the roasting renders it more easy to extract.

When coffee is prepared in the usual domestic way, by pouring from 6 to 8 times its weight of boiling water three or four times over ground coffee, nearly the whole of the caffeine is extracted, hardly one-fifth of it remaining in the grounds.

The quantity of Caffeine contained in a cup of coffee prepared from 16⅔ grains of coffee, is about 0.1—0.12 grains.

Obstetrical Observations.

W. C. RICHARDSON, M. D., ST. LOUIS, Mo., EDITOR.

THE VECTIS AND THE USE OF MACROTIN.

BY WM. E. ROGERS, REXFORD FLATS, N. Y.

I was much interested in reading the article on "*Position in Labor*," in the December No. of the *Observer*. My own experience confirms what is there said. I generally permit the lady to assume that position which is most agreeable. If I were restricted to one position in labor, it would be on the knees before a chair—I often deliver in that position.

Believing with all my heart, as you do, that anything that promises to shorten the pains of labor, and the dreary imprisonment of the doctor deserves attention, I will offer a few suggestions,which have been repeatedly proved to be valuable in my own experience.

The Vectis and Macrotin, in my hands, have proved powerful auxiliaries in shortening the hours of labor. I was instructed in the medical school, never to take an instrument with me to the bedside of the patient—I have long since learned never to go there without one.

The Vectis is my favorite instrument, and I seldom find it necessary to resort to the forceps. Many times when the pains were good, but when the head, though properly presenting, was not in just the position to glide along the oblique diameter of the pelvis easily, and the labor thus retarded, I have, by slipping the Vectis under that side of the head which was pressing against the pelvis, lifted it into its proper place, and then with a little traction brought about the delivery speedily.

I have often been surprised at the rapid advancement of the fœtus, when the pains are aided by the Vectis. When the pains are inefficient, and the os undilated and unyielding, I put 5 or 6 grains of *Macrotin* in half a teacupful of water, and give every 15 minutes,or half-an-hour a teaspoonful or two. One of the first effects observed is a relaxation of the os and soft parts, and an increased flow of mucus. The pains soon improve; now you slip in the little Vectis, and when the uterus *pushes* you *pull*, and often in an incredible short time the labor is accomplished. I have never had any trouble with the after-birth, when I use the Macrotin, and have never seen any bad results follow this practice, but have received oceans of gratitude from my patients for their speedy deliverance.

EDITORIAL REMARKS.

It is said that nothing was made in vain; and indeed, this seems to be true, for here is some one that not only uses to his own sātisfaction and delight that old, awkward, lumbering Dutch instrument, the Vectis, but must also sing its praise to others. It fulfils no purpose whatever, that the forceps cannot replace, and should, (notwithstanding the fact that our friend Rogers and others may use it skillfully and to their seeming advantage) be banished from the accoucheur's armamentarium, because it frequently in the hands of young, inexperienced practitioners, leads to mischievous results too numerous to mention. Professors of Obstetrics do well to advise their students not to carry the instruments with them, for there almost always is time to go after them,and no harm results from the delay.

Meddlesome midwifery is not only injurious to the woman upon whom it is practiced, but will almost invariably bring those who practice it to grief. It is a very bad policy to employ either medicines or instruments of any kind whatever in every case of labor we may be called upon to attend, for they are neither required in more than one case of twenty, and of course, if uncalled for, must do more or less harm.—Especially is this true of medicines which are given by most physicians to every parturient woman whom they attend, to the utter neglect of proper surgical or instrumental assistance.

W. C. R.

LIGATION OF THE FUNIS AND THE BANDAGE.

These both are subjects which at the present day are occasioning a great deal of debate in obstetrical circles, and each have among the ablest of the profession their advocates, *pro* and *con*.

For my part I must say, Ramsbotham, (by the way, one of our very best authors on Obstetrics,) to the contrary notwithstanding,that actual experience in numerous cases of accouchement occuring in my own practice, together with others that have come under my observation during the last five years, have gone far towards satisfying my mind that both are at least perfectly useless, if not positively harmful.

The question may doubtless be asked, what do we gain by omitting these ancient and long honored practices of famous obstetricians?

In reply, I will say, that so far as the funis is concerned, we have in case of the child, where we do not ligate, no such violent colics as usually result when the cord is tied tightly, keeping mother, father, nurse, and entire household in sleepless terror, during the first week or ten days of the child's existence. The reason of this being, that the hypogastric artery is allowed to evacuate itself of the deteriorated venous blood, which were it allowed to remain would become stagnant, and a source of irritation. Neither do we have, where tying is omitted, such a foul-smelling suppurating cord, that not unfrequently leaves after sloughing, the umbilicus in such a weakened condition, that hernia results; and this for the simple reason, that we have allowed to escape from the funis the irritating fluids that were formerly (when ligation was practiced) permitted and forced to remain, producing the same sequence that any other foreign matter would.

In reference to the placenta, when the cord is not tied, we find it is is much sooner expelled—never, or rarely requiring any traction; there is also, of course less danger from hæmorrhage, because there is nothing in the shape of a plethoric after-birth attached to the inner surface of the uterus, keeping the connecting vessels open, and completely preventing the perfect closure of their orifice up to the moment of expulsion by forcible contraction, when very naturally and to be expected, the blood gushes out without restraint.

THE BANDAGE.

All practitioners who have paid any attention whatever to the diseases of women, are well aware of the fact that the majority of cases of prolapsus uteri occur after labor, and where the bandage has been employed; this disagreeable result alone, were there none others should be sufficient reason for not applying it; but other inconveniences are met with—such as the exposure necessary in applying it, the pain caused by pressure on the sensitive abdominal organs, &c.; enough however, I believe has been said on the subject to prove its uselessness, especially as nothing can reasonably be brought to bear in its favor.

In conclusion, it may not be amiss to remark, that in some very intelligent communities and families prejudice in favor of the bandage and tying the cord is so strong, that should the child not live to reach maturity, or even a good old age, and the mother pass safely though another accouchement, any calamity from whatever source befalling either, will inevitably be blamed to the neglect of not having performed these uncalled for requirements. In such instance let us by all means both tie and bind, but do it so loosely that no harm shall result.

W. C. R.

INSTRUCTIONS OF MIDWIVES IN HUNGARY.—(*London Med. Record.*) In 1872, the Hungarian Government instituted schools for midwives in Presburg and Grosswardein, and, having regard to the various languages and dialects spoken in the country, ordered that in the former place the instruction should be given in the German, Hungarian, and Slavonian languages, and at Grosswardein in the Hungarian and Roumanian. Dr. Ambro, professor of the Presburg school, has just published a text-book for midwives in the Slavonian language. A Vienna cotemporary reports that the work contains some useful instructions for midwives, as to the conditions of labor which renders it necessary for them to call in medical assistance, and in other respects defines clearly the limits of their sphere of labor. They are informed, *inter alia*, that the public medical service of Hungary is soon to be placed on a more satisfactory footing; and that none but intelligent women, able to read and write, will be allowed to practice midwifery.

Practice of Medicine.

THE LIVER:

HISTORICALLY, ANATOMICALLY, PHYSIOLOGICALLY, PATHOLOGICALLY, AND CLINICALLY CONSIDERED.

COMMUNICATED BY WILLIAM MORGAN, M. D., CAMBRIDGE.*

ICTERUS—JAUNDICE.

(*Continued from page 159.*)

It is, however, when we come to consider those forms of Jaundice, which arise as a sequence to organic disease of the liver, such as atrophy, the destruction of numerous branches of the portal vein by the pressure of the enlarged bile-ducts, and from the disintegration of the hepatic cells, that our difficulties arise in a therapeutic point of view; here we may have to encounter a general cachectic and anæmic condition of the system, general dropsy and other symptoms indicative of a break-up of the constitution; much, however, may be done, by regulating the functions of the skin, bowels, and kidneys, by a carefully selected diet, and by the administration of *Arsenicum*, *China*, the *Bromide*, or *Iodide of Potassium*, and the waters of Schwalbach or Pyrmont.

VARIETIES, SPECIAL CAUSES AND TREATMENT.

Jaundice, as I have already observed, is rather a symptom of disease than a disease itself, consequently may spring from a variety of causes, a knowledge of which is of great importance to a successful treatment of the same.

There are few diseases which require so much discrimination, as to the indications and means of cure, as Jaundice. It proceeds in different cases from so many different pathological states, and sometimes from so many combinations of them, that the utmost attention and practical acumen are necessary to ascertain the morbid conditions and peculiarities of each case, and to determine what is most efficacious in removing them.

1. Thus, Jaundice may take place in consequence of a constricted condition of the ductus communis choledocus and hepatic duct, the result of catarrh of their lining mucous membrane; the "icterus catarrhalis," and most common form of Jaundice.

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* *Homœopathic World.*

It is ushered in with symptoms of catarrh of the stomach and bowels, which last for some days before the yellow color of the eyes and skin can be distinguished. The region of the liver is painful on pressure, and the dimensions increased.—The urine assumes a brownish color; the fæces are pale and totally devoid of bile-pigment; the pulse is slow, and there is a general itchiness of the skin. This form of Jaundice will generally yield to *Aconite*, followed by *Podophyllum*, a cold compress over the region of the liver, and a spare non-stimulating diet.

2. Jaundice may result from the impactment of gall-stones in the common biliary-duct, thus preventing the escape of bile into the intestine and its consequent re-absorption into the system. This form of Jaundice is generally of short duration, and disappears as soon as the calculi have passed through the canal. But it sometimes, however, happens that a gall-stone becomes permanently fixed in the duct, or closure of the canal may take place from adhesive inflammation, each of which may terminate in Jaundice of a permanent character.—The temporary form of this type is best treated by warm baths, friction, and the application of hot compresses over the afflicted region, and the administration of *Belladonna*, *Calcarea Carbonica* or *Lycopodium*, and in the more protracted and aggravated forms, by the inhalation of chloroform, which should be repeated from time to time as circumstances may require.

3. Jaundice may take place as the result of violent mental emotions, such as vexation, anger, or fright.

Physicians, in all ages, have recognized this form of Jaundice, and so far as our present knowledge extends, derangments of the nervous system may lead to accumulations of bile in the blood in two ways:—

First—by interruptions to the circulation of blood through the liver, arising from the influence exerted by the nerves over the caliber of the branches of the portal vein, and—

Secondly—by interruptions to the heart's actions, the respiratory movements, and the renal secretion.

In violent mental emotions, induced either by vexation, anger, or fright, the epigastrium becomes suddenly compressed, and there is difficulty in breathing, a feeling of suffocation, and sometimes vomiting, The skin first becomes pale, and is soon followed by a jaundiced color, whilst large quantities of urine are secreted, still devoid of color. In such cases, the

Jaundice makes it appearance in a few hours, and sometimes—according to well-authenticated records—in a still shorter space of time. Villerme, in his "Dictionary of Medical Science," records a case in which two young men quarrelled, and drew their swords; one of them became suddenly yellow, and the other terrified at this change of color dropped his weapon.—Another case, is that of an Abbe, who became suddenly yellow, on a mad dog's rushing against him.

This form of Jaundice soon passes off, in the generality of cases. But to this there are exceptions, "as we find in every rule." Cases of the kind are met with in which the disease takes on a malignant character, and in which case death ensues after a few days, amid severe nervous symptoms, such as delirium and convulsions. Cases of the kind are recorded in the works of Morgagni and Villerme. The milder form of Jaundice soon disappears under the administration of *Aconite, Chamomilla, Ignatia, Nux vomica,* followed by *Sulphur.*

4.—In close alliance with Jaundice from mental emotion, we sometimes find that an icteroidal tint of the skin will follow the administration of ether and chloroform. It is also worthy of note, that in such cases sugar has been observed to pass off by the urine.

5.—It is recorded that Jaundice of a very sudden and severe form may follow the bite of venomous reptiles; this was observed by Galen, as far back as A. D. 200, who records the case of a slave,who became intensely jaundiced by the bite of a viper; this was confirmed by Dr. Mead, an eminent English physician, who flourished in the early part of the seventeenth century. Results similar to those supervening upon the bite of a viper have been observed after the bites of rattlesnakes, as recorded by Mosely; and of scorpions and mad animals, as recorded by Bartholin and others.

The ancient physicians attributed the cause of this form of Jaundice to a spasm of the bile-ducts; or, as Fontana, in 1780 did, to a liquefaction of the bile, resulting from putrid decomposition.

It is more than probable, however, that the sudden shock (fright) given to the nervous system, producing, as in Jaundice from mental emotions, spasm and occlusion of the biliary ducts, was the chief cause of that form of Jaundice observed by those illustrious physicians of another age, consequently *Chamomilla, Ignatia, Nux vomica,* and perhaps *Lycopodium,* would prove the most appropriate remedies.

It is a striking feature in these forms of Jaundice that no perceptible obstruction to the flow of bile exists; this is proved by the bilious character of the evacuations, both by vomiting and by stool. It is also worthy of note, that the excretion of sugar in the urine generally follows.

Does the cause of the accumulation of bile in the blood depend upon metamorphosis of a morbid character in the blood itself? or on a deranged innervation acting upon the circulation and respiration as already referred to? or does it arise from congestion of the liver, followed by the mal-assimilation of sugar? If so, then I maintain that a preparation of the CURARI may prove a potent remedy in Jaundice of this type, as Claude Bernard has very clearly pointed out,and one of the pathogenetic effects of this poison in the system, is to give rise to CONGESTION OF THE LIVER, and to the excretions of sugar in the urine. I venture to direct the attention of my colleagues to this fact, and shall be glad to receive any hints on the subject, as I am about to institute a series of experiments with "CURARI" in hepatic derangements, particularly congestion, a form by no means uncommon in Cambridgeshire and the surrounding fenny districts.

6.—Jaundice may take place from pyæmic infection of the blood. Marechal, in 1828, was about the first to observe that individuals, in whose bowels pus existed, the skin, conjunctivæ, and other tissues of the body exhibited a more or less jaundiced appearance. This has since been noticed by many other observers. *Arsenicum*, and perhaps *Lachesis*, or *Curari*, would prove potent remedies, combined with a series of pack, or Turkish baths.

7.—Jaundice is no uncommon symptom of divers forms of eruptive and other fevers. We find it in close alliance with typhus, particularly the petechial or epidemic form. We encounter it running side by side with the intermittent and remittent fevers of marshy districts; and so common is it in Algeria, that it forms a prominent symptom in seven-tenths of the cases of intermittent fever of that country. We likewise meet with it as a symptom of the recurrent, or relapsing fever of the British Isles. This is the same fever which gave rise to the great epidemics which have prevailed in Scotland, Ireland, and England, particularly in London and other large towns, since 1843. It is seen hand in hand with the enteric, pythogenic, or typhoid fever, which well-nigh robbed us of the heir-apparent to the British throne. I have met with well-marked cases of Jaundice, accompanying some severe cases of scarlatina, and in one case of a severe form of rubeola.

8.—Jaundice forms a prominent symptom of that deadly fever so prevalent in the West Indies, and that portion of the great continent of America which extends from the mouth of the Mississippi to the Rio de la Plata, and known as the typhus icterodes of Cullen—the febris flava of the present nomenclature of the College of Physicians—the fievre jaune of the French—the gelbes fieber of the Germans—the vomito nigro of the Spaniards—the pestilentia hæmagastrica of Copland—the synochus icterodes of Young—febris flava Americanorum of J. Frank—the febbre gialla of the Italians—the yellow fever of the generality of Englishmen—and the YELLOW JACK of the British tar. It may be defined as a malignant epidemic fever,usually continued, but sometimes assuming a paroxysmal type, characterised by yellowness of the skin,and accompanied in the severest cases, by hæmorrhage from the stomach,mouth and nares—more familiarly known as the black vomit.

9.—Jaundice has at various epochs assumed an epidemic form, more particularly in France and Germany.

In 1772, it broke out in the market town of Essen, in Westphalia ; attacked principally children; assumed an intermittent form and destroyed a great number of them.

In 1790, it broke out in Ludenscheid—there children were all but exempt. It however, attacked both men and women ; and many of the latter who were pregnant, aborted, and died in a few days of general coma and delirium.

In 1807–8, it appeared in the same form at Griefswald, and soon afterwards at Chaselay.

In 1826, it prevailed along a large portion of the coast of the northwest of Germany and of Holland.

Accompanying the generality of the epidemic visitations of Jaundice, were observed bilious, intermittent, and remittent fever, which usually presented the double tertian, or remittent type ; and the anatomical lesions found were considerable enlargement and softening of the spleen, together with congestion of the liver ; in addition to this congestion, there was found an abundant accumulation of black pigment in the spleen, liver, and blood. Delirium, coma, and convulsions were frequently found during life.

In the epidemics of Ludenscheid and Chasselay, however, which ran their course without fever, it was found that they commenced with catarrh of the stomach and bowels, and were accompanied by light-colored stools ; in fact, they were fair samples of simple catarrhal Jaundice frequently met with in this country at certain periods of the year.

10.—In a considerably large number of newly-born children, the skin and conjunctivæ are tinged yellow, and the urinary secretion contains the brown coloring matter of bile, which here, as elsewhere, indicates the existence of true Jaundice, and distinguishes it from all other yellow discolorations and that laid down at page 28, which I have termed the spurious form of infantile Jaundice. This is the icterus infantum—icterus neonatorum—yellow gum, or true infantile Jaundice. As a general rule, the origin of this icteroidal appearance is connected with changes which the function and the circulation of the liver undergo during birth, and has been attributed to various pathological conditions or causes, viz:

To catarrh of the bile-ducts; occlusion of the ducts by thickened bile; or by concretions, as noticed and recorded by Cruveilhier, Portal and others.

To congenital obliteration of the bile-ducts.

To thickening of Glisson's capsule.

To congenital cirrhosis of the liver.

To a stagnant and altered condition of blood, contained in the umbilical vein, changing the state or color of the serum.

To obstruction of the opening of the ducts from viscid meconium, or mucous sordes.

To a spasmodic condition of the excretary ducts.

To an inordinate quantity of the biliary secretion.

To obstruction, or a paralyzed condition of the secreting structure of the liver.

These and many more may be set down as causes of infantile Jaundice; but the mode of production of "icterus neonatorum," in ordinary cases, must be sought for in the diminished tension of the capillaries in the tissues of the liver, which takes place upon the stoppage of influx of the blood from the umbilical vein, and which gives rise to an increased transfusion of bile into the blood. In strong, fully-developed infants, the equilibrium of pressure is soon restored; but in infants prematurely born, where the respiration is a long time in becoming established, and where the fœtal vessels remain long open, a more or less intense degree of Jaundice is apt to make its appearance; hence it is, that we find that infants prematurely born are more liable to Jaundice than those born at full time.

The symptoms of infantile Jaundice usually appear soon after birth, sometimes even within a few hours; or the color becomes most distinct about the 3d day, and then, as a general rule lasts one or two weeks; it is generally attended with languor, drowsiness, and debility; the skin and eyes present a more or less jaundiced tint; the urine of a deep yellow; there is constipation; the stools are pale in color, but afterwards resume their normal tint.

11.—There are two distinct forms of Jaundice which affect the woman during her pregnancy, which in their symptoms and results present very different features. One of these is of little importance, and easily removed by a very simple mode of treatment; but the other, however, is of a very serious import as we find it generally associated with serious organic lesion of the hepatic tissue, and almost invariably terminates fatally. The first of these forms makes its appearance during the later months of pregnancy, and is produced by the distension of the womb, or by the accumulation of fæcal matter in the transverse portion of the large intestines, acting as a foreign body, and pressing against the bile-ducts with sufficient force to impede the further flow of bile. The same form of Jaundice may likewise take place during the early months of pregnancy, which can generally be traced to sudden emotions of the mind, as grief, vexation, or that kind of anger which we sometimes find associated with those domestic broils which will occasionally take place in the best regulated families;—this form, however, is quickly removed by such remedies as *Ignatia*, or *Nux vomica;* the former, by the lady reclining, as a rule, on her left side, either in the recumbent or half-sitting posture; and when caused by constipation, by the administration of such remedies as *Alumina*, *Bryonia*, *Nux vomica*, *Sepia* or *Sulphur*,—these failing, resort should be had to the admintion of an enema of tepid soap and water (soap suds) or weak gruel, to which may be added a dessert or tablespoonful of salad or castor oil.

The second form is distinguished by serious derangements of the nervous system, and so far as cases of it have as yet been examined, depends upon acute wasting of the liver, the result of inflammation of the spongey substance (parenchyma) of the organ; the kidneys also, as a rule, are affected at the same time.

(To be continued.)

EUCALYPTUS GLOBULUS.

SIEGEN *on the Action of Eucalyptus Globulus: with some Experiments on Fever.**

This subject has lately been investigated under the direction of Professor Binz, of Bonn, by Theodor Siegen, (*Ueber die Pharmacologischen Eigenschaften von Eucalpytus Globulus:* Inaugural Dissertation.) The oil Eucalyptus having been proposed as a substitute for Quinine, experiments were made for the purpose of ascertaining whether it possessed the same antiseptic action which Quinine has been proved by Binz to possess. These showed that Eucalyptol is quite as powerful in this respect as Quinine,and like it prevents decomposition in albuminous solutions or blood, and retards the growth of fungi in solutions of Tartaric acid or Tannin, although they grow readily on moist Eucalyptus leaves. It hinders alcoholic fermentation much more than Quinine does. Siegen quotes an interesting observation of Gimbert, who found that, after the injection of Eucalyptol into a rabbit,the blood which was afterwards drawn did not decompose, and the body became mummified but did not decay. Eucalyptol depresses the temperature of the healthy body even more than Quinine; 1.35 grammes (21 grains) of it reduced the temperature of a rabbit 2° Cent.(3.6° Fahr.) in one experiment, and 120 drops (4.2 grammes) lowered that of a healthy man ·5° Cent. (·9° Fahr.,) and that too in the evening when it would normally have risen. Four doses of 20 drops, taken at intervals of an hour, did not impair the appetite, but produced a sort of drunkenness, which in an hour and-a-half passed into mental depression and exhaustion,lasting for several hours.

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* *London Medical Record.*

The sweat had a perceptible odor of trimethylamine. But very little Eucalyptol appears unchanged in the urine, but a considerable quantity of resin is to be found in it This resin diminishes reflex excitability of the spinal cord in the same way as Eucalyptol, but more slowly and less permanently.

Eucalyptol diminishes the temperature in fever as well as in health. Some very interesting experiments showed that several organic ferments produced a rise of temperature when injected into an animal. Among these were ferment obtained from fresh pus by Von Wittich's method, diastase, and ferment from the liver. The symptoms produced by the ferment obtained from pus differ from those caused by the injection of pus itself, the rise of temperature being considerable, but the general condition good and the confusion and prostration produced by pus being absent. The rise of temperature which occurs after injection of these ferments, is due to their action as ferments,not to their mere presence in the blood as foreign bodies. This is shown by the rise being absent when the solutions are boiled before injection. Both the ferment of the liver and diastase induce such chemical changes in defibrinated blood as to cause a rise of temperature in it after the mixture has stood for one or two days. Eucalyptol, like Quinine, hinders oxidation in protoplasm. From clinical experience, Siegen concludes that large doses of Eucalyptol are very beneficial in febrile diseases of the respiratory organs, especially in whooping-cough.—Large doses (15 drops every two hours in a child eight years old,) produced no bad effects. In several cases the Eucalpytol acted as an anthelmintic. It ought to be given as an alcoholic solution.

SARSAPARILLA IN HERPES:

AN UNINTENTIONAL PROVING.

A child, twenty months old, was brought into my office one morning, suffering from what appeared to be a simple case of Herpes Labialis; but a careful examination of the eruption, and the history of its appearance, about six weeks before, convinced me I had an interesting and very peculiar case to deal with. It consisted of two small irregular shaped patches half-an-inch or more in diameter, commencing beneath the labial commissure and extending toward the mesial line of the chin. The crusts were *thick*, of a *dirty yellowish brown color, surrounded by an inflamed areola and suppurating border.* I prescribed for my patient; but when she returned at the expiration of two weeks the patches had united in the centre and extending downwards, covered the entire chin, while surrounding its borders was an occasional pustule, denoting the invasion of the cheeks.

The mother now informed me that the left hip was also involved, and an examination of the part disclosed several patches and pustules extending from the anterior superior spine in an oblique direction, upwards and backwards toward the lumbar region. The characteristic crust had become detached by contact with the clothing, and in consequence it presented an angry and inflamed appearance, not at all unlike a well defined case of herpes zoster. The new crop which was being developed, began by small pustules on an inflamed base, some the size of a pinhead, others as large as a common pea, single and discrete at first, but as they approached each other, or where they were more numerous inclining to become confluent. The least abrasion of the cuticle was transformed into a suppurating pustule.

I prescribed Graphites, Hepar—Arsenicum Merc. sol., and Mezereum in various dilutions from the third to thirtieth, and two hundreth potencies, for about two months, without the least apparent benefit. The eruption had now covered both cheeks and several pustules on the nose, forehead and neck foreshadowed its onward march, while the patch on the hip had extended to the spinal column. The itching was very troublesome and persistent, and the child's sleep much disturbed in consequence.

I had pronounced the eruption at first non-contagious, but was now informed that *three* of the other children had the "same thing," and as I had hitherto been unable to obtain a clue to the real cause of the eruption, I resolved at once to examine the other members of the family. The eldest boy (about 12) had a well defined case of herpes phlyctenodes as large as the palm of the hand on the left side of the neck, from the ear in front to the spine behind, and extending from the hairy scalp down the neck about three inches. The other two had small irregular patches on the face and left arm ; and wherever the skin was abraded on the hands suppurating pustues were to be seen.

I was now fully convinced that the eruption was the effect of some drug, and I soon discovered the cause, in two large empty quart bottles of Bristol's Sarsaparilla, the contents of which had been regularly dispensed to the children of the family in teaspoonful doses, night and morning. I at once gave the three youngest a few doses of camphor and in a week the whole trouble had disappeared. I allowed the oldest boy to recover by the natural process of the drug and the neck is not yet clear of the crusts, but there has been no increase of the symptoms since discontinuing the Sarsaparilla.

In conclusion, I consider this a verification of many of the symptoms recorded in the 5th Vol. of "Hahnemann's Chronic Diseases," and a remedy too often overlooked by the profession in the treatment of herpetic eruptions.

H. C. ALLEN, M. D.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

PREACHERS FREE.—A subscriber asks: "How extensive is the custom of giving professional services gratuitously to the families of ministers of all denominations? He also asks why they should be served *free* any more than mechanics?"

A correspondent of the *Advance* has found a scriptural argument in favor of half-fare passes for ministers—or free passes for that matter. His text is Ezra vii, 24: "*Also we certify you, that touching any of the priests and Levites, singers, porters, Nethinims, or ministers of this house of God, it shall not be lawful to impose toll, tribute, or custom upon them.*"

But this does not meet the queries of our friend. The practice prevails extensively, some physicians giving their services for the Master's sake, others expecting to be fully repaid by the use of the preacher's influence for their benefit. As a general rule we think that missionaries, who are laboring upon very small salaries, should be served *free*, and other ministers at *half* usual fees.

BOOK NOTICES AND REVIEWS are necessarily postponed until May number.

COMPLETE CLASSIFIED INDEX, was mailed immediately after the issue of the March number. Those who have failed to receive it will please to notify us.

NECROLOGICAL.

DR. T. B. BENEDICT, died on Sunday morning, March 1st, 1874, at Ionia, Michigan, of congestion of the lungs.

From "Cleaves' Biographical Cyclopædia of Homœopathic Physicians and Surgeons," we extract a sketch of Dr. Benedict's life:—

"THOMAS BENJAMIN BENEDICT, of Ionia, Michigan, is a native of Orange county, N. Y., and was born March 28th, 1829. He was descended from a historic family, his grandfather, Daniel Benedict, having bravely struggled in arms during the revolutionary war, and his father, John Benedict, distinguished himself during the war of 1812. He enjoyed the advantages of a liberal secular education, which was successfully terminated by a year's study at the University of Michigan, at Ann Arbor." Then follows an account of his medical education, etc.

From this historical work the reader learns the success of the deceased in his life work, but it is only in the homes which he has visited that we can learn of the best part of his history—the love and confidence which he possessed in the hearts of those who knew him best. It has often been remarked since his death that there is no man in the city who will be more missed than he will be. There is no blot on his record; a good citizen, a beloved physician, a faithful friend, a kind husband, and loving father, a pure man—he has finished his course. His death is a public calamity. The hearts of our people go out in sympathy toward the bereaved family, and pray the merciful Father to bless them in this hour of sorrow and desolation. L. R. G.

Colleges. Societies, etc.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE,

A large and interested audience assembled at Association Hall, on the occasion of the Fourteenth Annual Commencement of the Homœopathic Medical College of New York.

Among those on the platform were Edmund Dwight, Rev. Dr. Ludlow, Robert L. Stewart, S. A. Jones, M. D., Profs. J. W. Dowling, F. S. Bradford, E. M. Kellogg, F. W. Allen, Wm. Tod Helmuth, C. F. Liebold, S. Lilienthal, Henry D. Paine, G. S. Alden, Charles Avery, LL D., Adrian J. Ebell, R. H. Lyon, and others.

In the absence of the President of the Board of Trustees, Hon. S. H. Wales, Edmund Dwight occupied the chair, and conferred degrees. Prof. J. W. Dowling, M. D., Registrar, reported progress on the part of the College, and observed, that while there were but fifty in the class three years ago, in the Class of 1874 there were 105. He complimented the graduates on the manner in which they passed a particularly difficult examination -- such an one as they would never again be called upon to stand. In reference to their new hospital, which he stated last year would be in good working condition at the present time,he stated that the location originally selected was No. 26 Gramercy Park, which was entirely satisfactory to the Board of Trustees, objections, however, were made on the part of those residing on the park, that contagion might be communicated by flies, &c. and reluctantly they were compelled to look out for new quarters. The next site determined upon was at the corner of Thirty-seventh street and Lexington avenue, but here the same objection was raised, with a like result, and now they were looking for a place up town where there were neither neighbors nor flies [applause.] He trusted that at their next meeting the hospital would be in a flourishing condition. The following graduates then received medical certificates at the hands of Mr. Dwight.

GRADUATES.

George A. Adams, *New Jersey*,
D. A. Babcock, *Massachusetts*,
R. A. Bennett, *New Hampshire*,
J. Bowman, *Michigan*,
F. H. Boynton, *New York*,
L. R. Brainard, “ “
E. E. Case, *Connecticut*,
Louis B. Couch, *Massachusetts*,
O. H. Crosby, *New York*,
C. B. Holmes, *New York*,
Leander P. Jones, *Connecticut.*
C. S. Kingsbury, *New Hampshire.*
R. J. Krebs, *Pennsylvania*,
O. D. Kingsley, (M.D.) *New York.*
C. J. Miller, *New York*,
W. E. Rounds, “
H. C. Smith, “
R. M. Stone, *Iowa.*

G. D. Dresser, *Maine*,
G. S. Farmer, *New York*,
G. W. Flagg, *Massachusetts*,
T. Foote, *Connecticut*,
Edw. E. Fuller, (M.D.) *N. York*.
H. Gilbert, *Ontario*,
W. H. Griffith, *New York*,
E. P. Strunk, *New York*,
W. H. Toby, “
Jas. E. Tufts, “
C. E. Van Cleef, “
Henry A. Wilcox, *Vermont*.
S. Worth, *California*.
H. S. York, *New York*.

Junior Students, who have passed the Examination in some or all of the Studies of the Junior Course.

Richard K. Valentine,
Fred. W. Bradbury,
Charles E. Rowell,
Arthur T. Sherman,
John Merritt,
Henry J. Anderson,
Hugh M. Smith,
Arthur Beach,
Albert T. Piper,
J. M. Dart,
Miner W. Gallup,
Arthur T. Hills,
Wm. G. Hartley,
Horace H. Tinker,
George A. Terhune,
O. L. Jenkins,
Richard B. Sullivan,
Geo. H. Routledge,
J. M. Price,
Rev. F. Ortel.
Walter H. French,
Edmund L. Wyman,
Francis A. Gile,
Alfred Wanstall,
Charles P. Saxton,
Perley H. Mason,
Theodore H. Baldwin,
John Lance,
J. A. Winans,
Henry D. Baldwin,

Dr. C. S Kingsbury delivered the Valedictory on the part of the Graduating Class. In choice and well-adapted terms he expressed the sentiment of the class to maintain unsullied the honor of the profession to which they were just admitted members, and to oppose by every honorable means, quackery in its every phase. He cordially acknowledged the deep debt of gratitude they owed to the Faculty, and he earnestly trusted that they would never have occasion to feel ashamed of the Class of 1874. In his words of farewell to his classmates he besought them to encourage kindly relations with brother practitioners, irrespective of sectarian prejudice, and by a steady thoughtful attention to the duties of their profession to merit public confidence and regard. [Applause.]

On the part of the Faculty, R. H. Lyon, Professor of Medical Jurisprudence, delivered the Valedictory. Having commended the graduates for their diligence and successful attainment of the medical degree, in a homely manner, he offered some salutary suggestions for their future guidance. There were certain topics which they should carefully consider and bear in mind in their professional life. One was, that in voluntarily assuming the medical profession they should understand that Homœopathy was not simply a mere branch of medicine consisting in the administering of certain doses, but included a thorough acquaintance with the various departments of medicine. Another topic was, that their profession was essentially a liberal one—liberal not merely because of acquired love but in the spirit and teachings of the science itself. A mistake too often committed was the adoption of a profession as a means of living. Such a motive afforded no incentive to high scientific attainment, and rarely if ever led to instruction. He reminded them that they should not be satisfied now that they had obtained the degree, but they should continue to work assiduously the better to benefit humanity. Above all things they should remember, that without integrity and honesty of purpose success was bereft of its great charm.

The prizes were then presented by Professors Helmuth, Lilienthal and Allen. The Lilienthal prize, consisting of a gold medal, was awarded to W. E. Rounds for the best clinical report. The second prize on the subject, was given to Theodore Wildes. The Allen prize, a gold medal was given to L. B. Couch for a splendid original investigation into the properties of Prussic acid. The professor made an appeal for a laboratory where such experiments could be made. The Helmuth prize, a silver medal with a gold mounting, for the best report on surgical clinics, was given to R M. Stone. The Allen prize, "Frey on the Microscope," was awarded to Arthur Beach for the best examination in histology.

The proceedings terminated with the benediction. Subsequently, the annual Faculty supper took place at the Hotel Brunswick.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

The Fifteenth commencement was held February 19th, 1874. The hall was adorned for the occasion with evergreens, and upon the wall facing the audience were the words, "*Similia similibus curantur*." A large assembly, whose pleasure in the exercises was appreciatively evident, was present.

The occasion was significant in the fact, that the graduating class was the largest that has ever issued from the walls of the institution :

GRADUATES.

Lewis A. Austman, Peru. Ill.
C. T. Buckholtz, Cologne, Prussia,
C. R. Enos, Edwardsville, Ills.
C. W. Enos, Jerseyville, Illinois,
P. P. Hoffman, Mendota, Illinois.
Junius M. Stevens, St. Louis,
Henry E. Rakestrow, Erie, Kansas,
C. Whittier, Toronto, Canada,
James Kinney, Sandusky, Ohio,
J. C. Johnson, Nebraska City, Neb.,
A. Gauthier, New Orleans,
Silas L. Savage, Edwardsville,
James R. Borgulman, Omaha.
Miss E. E. Curtis, St Louis,
Horace J. Gamble, Lawrence, Kansas,
Jacob Fondenburger, St. Louis
John S. Halliday, Parsons, Kansas.
John H. Mosely. St. Louis,
Charles F. Springer, Galveston, Texas.
J. B. McSwane, Burnt Prairie, Illinois.
A. S Thompson, Lone Pine, Virginia.
H. J. Hank, Hortonsville, Wisconsin.
Samuel H. Virgin, Macon, Georgia.

The Class Valedictory was delivered by Dr. H. J. Gamble.

After presentation of prizes and Diplomas, the Valedictory of the Faculty was delivered by Prof. Philo G. Valentine, for the publication of which we will endeavor to reserve space in our next number.

HAHNEMANN MEDICAL COLLEGE OF CHICAGO.

The commencement exercises of Hahnemann Medical College of Chicago and Hospital for the session of 1873–74 were held March 19th.

GRADUATES.

Name.	Residence.	Title of Thesis.
Robert W. Brooks,	Pennsylvania,	Intermittent Fever.
Wesley R. Churchill,	Wisconsin,	Report of a Case.
Geo. A. Corning,	Illinois,	Chorea.
Charles C. Curtis,	Maine.	Variola.
Jesse D. Dickinson,	"	Malaria.
Frank Fulton,	"	Epilepsy.
Jos. J. Gasser,	"	Hysteria.
George E. Gorham,	Pennsylvania,	Nephritis Vera.
Joel W. Latson,	Michigan,	Puerperal Convuls'ns and Fever
Allan P. MacDonald,	Nova Scotia,	The Funct'ns of Circulation.
Clarence E. May,	Wisconsin,	Traumatic Orchitis.
Samuel E. Nixon,	Iowa,	Morbilli.
George R. Parsons,	Illinois,	Oleum Cajeputi.
Wm H. Pettit,	"	Placenta Prævia.
Mrs. L. C. Purinton,	"	Moral Pathology.
Horace W. Roberts,	Wisconsin,	Typhoid Fever.
Charles D. Stanhope,	"	Digestion.
Eugene F. Storke,	"	Ovarian Neuralgia.
Willard H. Titus,	Michigan,	Proving of Physostigma Venenosum.
Adelmer M. Tuttle.	Iowa,	Comparative Mental Symptoms.
Henry F. Wegener,	Illinois,	Some advantages of Homœopathic Treatment.

Honorary Degree—Dr. J. L. Corbin, Athens, Bradford co., Penn.

CHICAGO, March 20th, 1874.

Dear Observer :—The Commencement Exercises of Hahnemann Medical College came off last evening. We have had an excellent Class this winter, consisting of 82 students ; besides these many old practitioners of homœopathy and a few allopathic physicians from the country have been in attendance. These latter came to hear of the "new doctrines," and they go back favorably impressed. They find that their ideas of homœopathy which they received from "old school" sources, were grossly erroneous and misrepresented the system. The country is full of such physicians, who are either practicing homœopathy secretly, or intend to change their old practice.

But to return to the Commencement. There were 27 diplomas given, and all were worthily bestowed. To the honor of this Institution be it said that this College is chary of giving its diplomas to incompetent men. There were 35 candidates for graduation, and the Faculty felt obliged to "pluck" six of them. We know full well that we may not prevent these candidates from procuring diplomas, for, as has been done heretofore—they can apply to a rival college and be supplied with "sheepskins," without the trouble of answering questions too hard for them. We prefer, however, to act in such a manner as to make our diplomas worth something to the recipients. *A diploma is a* DISGRACE *to a man unless it has been won by merit !*

With our new Hospital, capable of accomodating 120 patients, and a good staff of attending physicians in the several departments, we hope to afford our classes as good clinical instruction as they can acquire anywhere in the United States. H.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

A SYSTEM OF SURGERY:

BY WM. TOD HELMUTH, M. D., *Professor of Surgery in the New York Homœopathic Medical College. Illustrated with 571 Engravings on wood. New York:* CARLE & GRUNER, *23 Union Square, 1873—pp. 1228, one Vol. 8vo.*

This work comes to us with a welcome, adapted as it is to the wants of the homœopathic profession at large, as well as to our medical students, while to the intelligent layman, it will be found to contain many useful suggestions which he can understand, and will be of great use to him in case of accidents occurring to himself or family, especially if he reside at a distance from a homœopathic surgeon or physician.

We believe in a general spread of medical and surgical knowledge among the laity, for it is infinitely better for the masses to read medical and surgical works, than the useless novels afloat on the tide of popularity. It will prepare them too for emergencies, and often by the information thus gained, they can save themselves much suffering, and not unfrequently they will be able to save human life.

The contents are made into XLV Chapters, on the various subjects of the surgical art, well written, in a readable style, and in good type.

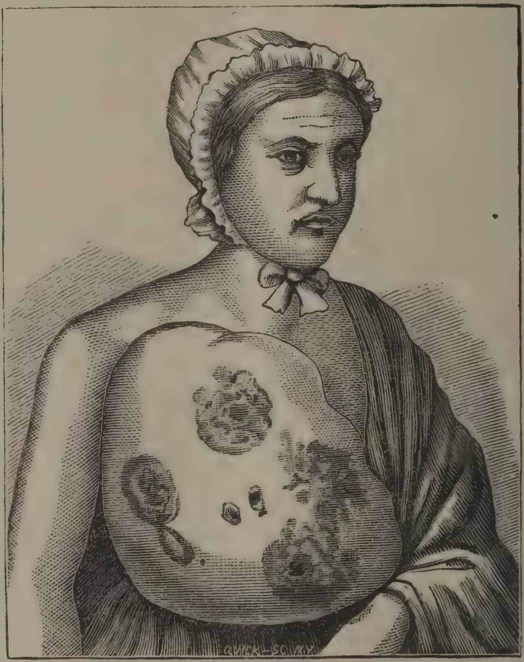
In order that the readers of the *Observer* may have a better idea of the value of the book, we will make some selections from various parts of it; and to better show the way it is illustrated, we will introduce some of the original cuts, (many of which abound in the volume,) in addition to those familiar ones that are requisite for every work on surgery.

CYSTIC TUMORS.

For example, in the section on cystic tumors, he gives a case of cystic-sarcoma from private practice, and says:—

"These tumors are painless, but multiply rapidly, and often reappear several times after removal. In many respects they are similar to the fibrous tumor of the uterus and enchondroma.

The case of cysto-sarcoma illustrated in the plate, is one which in many respects is very interesting.



The patient, a lady sixty-eight years of age, about twenty years ago noticed a tumor in the right breast the size of a hickory nut. This was shown to many surgeons, many physicians, and many quacks, with just as many different opinions; some declaring it was scirrhus, others that it was fibrous, others that it was serous, and some proposing an immediate operation.

To this latter proceeding she was utterly averse, and never, throughout the twenty years duration of the tumor could she be prevailed upon to have a scalpel brought near to the diseased mass.

* * * * *

I was called to see her about six or eight months before her death, and found the following characteristic symptoms and appearances:—

The tumor extended from the clavicle to below the waist, and from beyond the centre of the anterior wall of the thorax under the axilla and around by the back, and was growing steadily. It presented an uneven surface, and portions of the integument rising over the nodulations were bluish in color.—These eminences were circumscribed; fluctuation was very evident in them, and they were not only scattered over the surface of the gland itself, but where appearing above the clavicle, and under the integuments along the lower margin of the mammary gland.

She was then suffering from some dyspnœa, and complained of occasional rigors. On the surface of the larger cysts a slight bluish blush had formed, and the base (apparently fixed to the thorax) was very hard, firm, and nodulated. The general health was somewhat impaired, although at times she would appear almost as well as usual. There was profuse perspiration and some cough.

After a careful investigation of the case, and a minute examination of the tumor, at the same time taking into consideration the ge of the patient, I gave it as my opinion that very little could be expected from any treatment, whether medical or surgical, and that the only indication for treatment consisted in endeavoring to prevent the further extension of the morbid growth, and to keep up the general strength of the patient. I gave her many medicines, among others, *Calc. Silex*, *Kali Iod.*, *Nux.*, *Sulph.*, etc., without much benefit;—and then remembering the peculiar action of Kali bromatum in many forms of cystic diseases, and having no special indications to guide in the selection of other medicines, and no surgical interference being allowed, even if it had been deemed necessary, I concluded at a venture, to place her under the action of the Bromide of Potash. I began with 2 grs. three times daily, and continued it for two weeks, when a most remarkable action took place in the tumor. Two of the larger cysts opened, and the amount of discharge that passed away was so large and so long continued as to utterly surprise all who beheld it. Three smaller cysts which lay beyond the internal margin of the gland, *disappeared;* one on the apex of the shoulder also disappeared; and the balance of the tumor shrunk perceptibly. The medicine was still continued, lessening the dose, however, when two other large cysts at the inferior surface of the tumor gave way and freely discharged.

After the discharge of the liquid, in the bottom of the cavities were huge masses of decomposed substance resembling the cores of decayed apples, or of bulbous vegetation. This I scraped away in large quantities,the tumor meanwhile growing smaller, but the patient evidently very much weaker.—The decayed masses which were removed were very fœtid, and it was only by the use of constant injections of carbolic acid and the application of disinfectants; with careful attention to proper ventilation and cleanliness, that she could be kept at all comfortable.

She had from time to time, many symptoms which would indicate the occurrence of paralysis of the affected side, but these would gradually subside. After several months of this treatment, she finally succumbed to the disease."

CAPILLARY NÆVI.

Again, let us take another case from the author's practice, in which he tied the common carotid artery below the amo-hyoid muscle. It was was for nævus, and with regard to it, he remarks:—

"Capillary nævi are flat, slightly elevated, and of a red or purplish hue; they are usually small, and occur most frequently on the head, face, neck, and arms. The contained blood may be arterial or venous, or a mixture of the two. As a general rule these growths do not attain a size much larger than an egg.

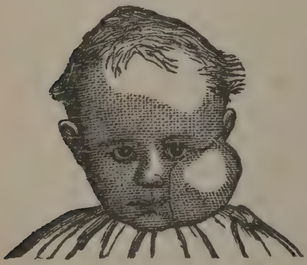


Fig. 180.

Fig. 180, taken from a photograph, represents a case of my own, in which the growth had attained the size of half an ordinary sized melon, and for which I ligated the common carotid below the amo-hyoid after failure by other means. At first the tumor diminished one-half, then remained stationary for a time, and has since disappeared."

DISLOCATIONS.

We will next take one of the more serious kinds of dislocation; luxations of the hip joint, and note a portion of what he has to observe on this subject:—

"The difficulty in the reduction of the hip-joint luxations and the powerful means often unavailingly employed for many years, have been subjects of careful investigation by many distinguished surgeons. The fact that, in some instances after considerable mechanical force has been unsuccessfully applied, a dislocation has been reduced by accidental manipulation, has given rise to many experimental researches on the best method of reducing luxations of the hip.

The additional fact, that complete muscular relaxation produced by anæsthesia does not overcome either resistance or deformity, plainly evinces that some other force, or other than myotility is exercised to hold the bone so obstinately in its unnatural position. To the capsular ligament, this power was attributed by Prof. Gunn, in 1853. Prof. Green was also of the same opinion; but Dr. H. J. Bigelow, of Boston, has lately in a satisfactory manner, shown that it is the *ilio femoral ligament* and the *obturator internus muscle* which offer the chief impediment to the reduction of the hip, and to the maintenance of the deformity. It will be necessary here, to a proper understanding of the subject, to give the anatomy of the ligament to which such an important agency is ascribed, and likewise that of the internal obturator muscle.

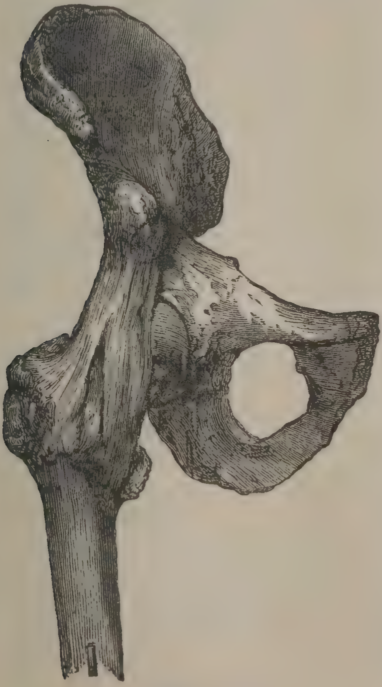
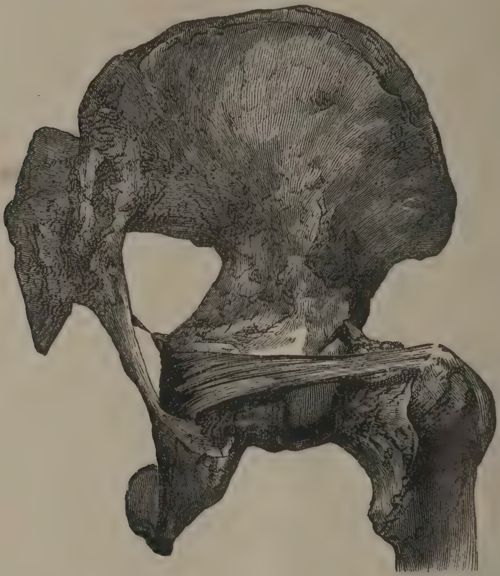


Fig. 291.

The ilio femoral ligament (Fig. 291) arises from the anterior inférior spinous process of the ilium by a strong adhesion passes forward and slightly outward,and is attached to the anterior inter-trochanteric line. The fibres separate slightly as they reach their point of insertion, thus making the ligament somewhat resemble the inverted λ. In many subjects, however, this ligament is so closely adherent to the capsular that it is difficult to separate the two. Dr. Bigelow names this structure the Y ligament.

The obturator internus muscle arises, for the most part, within the pelvis, its attachments being in the inner surface of the body of the ischium,the ascending ramus of that bone and descending ramus of the pubis ; the fibres converge, form tendinous bands which leaving the pelvis by the small



sciatic notch, pass horizontally outward to be inserted by a strong tendon in the upper border of the trochanter major.

By keeping these anatomical relations well in mind, the further description of the mechanism of the dislocation will be readily understood.

Dr. Bigelow maintains that in the so called regular dislocations, the Y ligament remains unbroken, and that in the irregular varieties either one or both branches of it are torn asunder. He states that both branches remain entire in—

1. Dorsal.
2. Dorsal "below the tendon."
3. Thyroid.
4. Pubic and sub-spinous.
5. Anterior. Oblique.

That the external branch is broken—

1. In the supra-spinous.
2. The everted dorsal.

Thus making in all seven regular dislocations of the bones, besides the irregular ones, which may occur in almost any direction on account of the rupture of the capsular and the Y ligament."

The more recent surgical instruments are mentioned in the work, showing that it is fully up to the times in this respect.—We will refer to but two or three.

THORACENTESIS.

On page 969, under the operation of Thoracentesis, he describes Flint's apparatus and also notes Dieulafoy's aspirator, as improved by Mr. Stohlman, according to the suggestion of Dr. T. A. Emmett, of New York. This aspirator can be used with great success, as it is an implement by which only capillary punctures are made.

He gives a cut which shows its use better than an elaborate description. (See Fig. 444.)

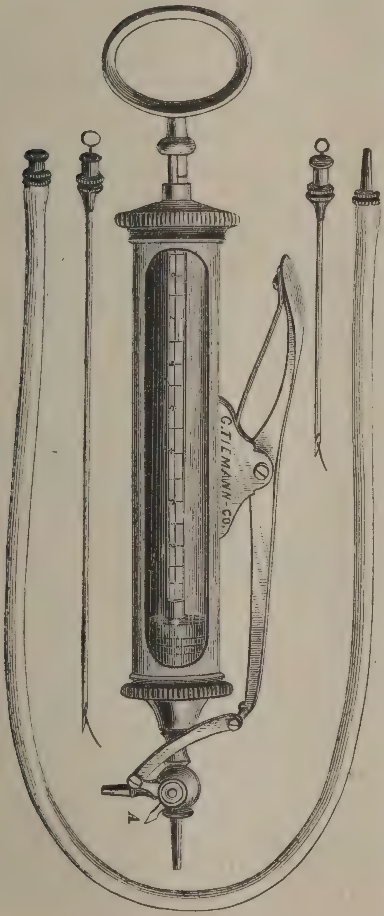


Fig. 444.

The scale on the piston-rod of the syringe—the thumb-piece for turning the stop-cock—the flexible tube, and the long hollow needles, (similar to those of the hypodermic syringe) are all shown in the figure.

Ovarian tumors and the modern operation of ovariotomy receive their due share of attention, and the various approved clamps and trocars are shown as well an improved form of drainage tube for use after this operation. He writes concerning this matter :—

"*Passage of the Drainage Tube.* From late papers of Dr. Sims, appearing in the N. York *Jour. of Medicine*, the value of this tube in certain cases is fairly pointed up.—There can be no doubt that in many cases, death after ovariotomy, is occasioned by septicæmia ; that no matter how well apparently, vessels have been treated and the cavity cleansed, there may be more or less exudation and oozing, and that the decomposition of these fluids, and their imbibition give rise to many fatal results. I am the more certain of this from the last case of ovariotomy which I performed, and in which I employed the drainage tube.

What is the drainage tube? It is simply a bit of india-rubber tubing from 20 to 22 inches long, and a quarter-of-an-inch interior diameter, having holes in either sides about an inch apart.

It may be introduced in the following manner:—Having cleansed the abdominal cavity, take an ordinary rectum trocar, introduce it into the vagina and up to the Douglas cul-de-sac. Push the instrument through until it emerges into the abdominal cavity; withdraw the trocar, and let the canula remain, through which pass a stout piece of silver wire. Next withdraw the canula,and fix the india-rubber tube to the wire, which now passes from the abdominal cavity through the vagina, and draw the tube up into the abdominal cavity close to the parietal walls; the wire is brought out and fixed firmly over a piece of bougie extending transversely, or the tube itself may be pocketed." As the tube is drawn through, it is however, likely to become entangled in the tissues. To facilitate the introduction of the tube I have devised an instrument, which is seen in Fig. 540.

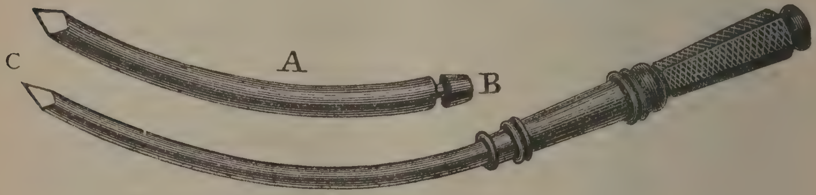


Fig. 540,

It consists of a double trocar. The part A is simply a round piece of steel about four inches in length, polished, and with a trocar point; at the base of this portion of the instrument is a flange B, so constructed that when the drainage tube is fitted to it, the trocar and the tube are about the same diameter. In the base of this flange is drilled a hole into which fits the point of the smaller trocar C. The application is as follows:—

Fix the drainage tube on the flange through one of the apertures in the tube, made about three-fourths of an inch from the end, pass the smaller trocar and fit it into the base of the flange, and the instrument is ready for use. Fig. 541 shows the apparatus complete. Guided by the forefinger o· the left hand, the trocar as seen complete, is passed into the Douglas cul-de-sac, and pushed through the abdominal cavity. The operator then withdraws the trocar set in the handle and through the abdomen,draws up the trocar affixed to the flange. The tube is then easily removed, and the time and trouble of pushing the wire through the canula, fixing it to the tube, drawing out the canula, and then passing the tube into the cavity is saved. Besides, it is difficult to fix the wire in the same axis as the tube, which often causes the margins of the latter to catch in the tissues. Having secured the drainage-tube the lips of the wound are brought together with silver wire sutures, which must thoroughly transfix the tissues, and if any points remain which are not in apposition, they must be united with a pin and figure-of-eight suture. A compress is then moistened with Calendula solution, the patient given a dose of Aconite, and put to bed carefully.

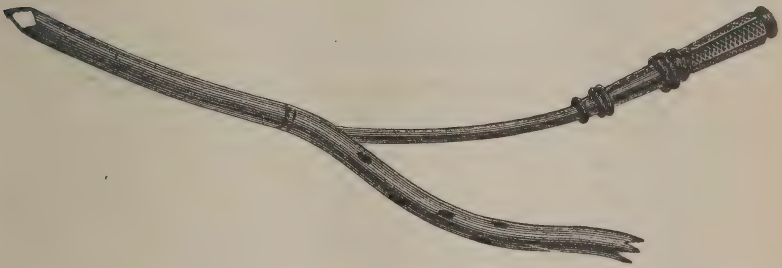


Fig. 541.

For the first few hours, perhaps there will be no discharge from the tube. So soon, however, as it begins to be free, or in any manner decomposed, an injection of carbolated water at a temperature of 80° or 90° must be injected into the abdominal cavity. This may be done twice or thrice a day. The patients generally experience a great sense of relief after the enemas, and often go to sleep.

Dr. Ludlam has lately had a successful case of ovariotomy, in which this method was used. Of it he says in answer to my inquiries :—

" The tumor was a unilocular ovarian cyst, weight 27 1-2 pounds ; quantity of serum contained in the same twelve quarts, by measure ; time occupied in operation, two and three quarter hours ; sulphuric ether the anæsthetic ; pedicle treated with carbolized catgut ligatures, cut off and returned to the abdomen ; amount of blood lost, two ounces ; length of incision 4 1-2 inches—the drainage tube was passed through the posterior cul-de-sac, the lower end being left in the vagina and the upper *one protruding from* the lower extremity of the incision, and transfixed with hair-lip pins (for the purpose of abdominal injection from above)—the injection consisted of Calendula water at the temperature of the axilla, and the dressing to the wound was of Calendula glycerine and water, equal parts applied by means of a compress. The sutures were of iron wire. "The clinical thermometer was in constant use during the convalesence, and the tube (which was retained for ten days) discharged pus freely, which pus was caught in a bottle once or twice directly, and subjected to microscopical examination."

EXTROPHY OF THE BLADDER.

On page 1055 we find a very important operation of the author's described, which is worth making an extract of altho' we have no cut to exhibit the case. It is but another example of his fearless use of the knife. This is an interesting case of extrophy of the bladder. The plan of operation in this novel case is as follows :—

" Taking a piece of wet parchment, it is applied accurately to the protruding viscus ; it was then divided into halves, one being laid on each groin ; the flaps were then traced with ink, an allowance being made for shrinkage ; the flaps being dissected up and the nodular edges of the vesical tumor being refreshed, they were laid down over it, and held by silver pins and wire sutures; a semi-lunar flap was then dissected up on that portion of the abdomen immediately above the vesical wall; it was then turned down, being held by wire sutures. The catheter was inserted, the wound dressed with a solution of carbolic acid and glycerine. During the operation the external epigastric arteries were both cut. The operation lasted one hour and fifteen minutes.

The patient recovered at 6 P. M.; had considerable nausea and tickling, for which Ignatia was administered. Compresses saturated with Calendula, were placed in the cavities in the groins. He was kept in a sitting posture, in order that the urine would pass more readily. This was August 20, and the case did well until the early part of September, when he died of tubercular disease, with cough, diarrhœa and prostration."

An interesting account of the autopsy is given, and then he remarks:—

"It is really a matter of much thought whether surgical interference in such cases is justifiable. Each surgeon, however, must determine in his own mind the course to be pursued in each case, as no two cases are probably alike."

The work is a practical one, written by a practical man of more than twenty years of active surgical practice, and most of the time not only a constant operator, but a lecturer upon either anatomy or surgery itself, and the book abounds in useful observations from the author's experience. The faults of the work are so few that every homœopathic physician may feel safe in placing it upon the shelves of his library, for it is worthy of consultation in almost every kind of surgical case that he will meet with in his practice—except those that belong to specialties, such as ophtalmology, otology—which a work of this kind would not be able to go into, or be expected to contain.

B. W. J.

USE OF ETHER FOR ANÆSTHESIA.—Since the introduction of ether as an anæsthetic, it has been used in the Massachusetts General Hospital in 15,000 cases, with an average of half-a-pound to a patient. In one case four and a half pounds were used in twelve hours.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

NEPHRITIS SCARLATINOSA.

BY PROF. HENOCH.

Otto S., a robust boy of twelve years entered the hospital July 22d, 1873, with œdema of the face and scrotum. A febrile disease with red spots all over the skin had been observed three weeks ago. Traces of desquamation being still present, and as his brother was down with scarlatina, the diagnosis was easy enough. The thermometer showed, that our little patient was perfectly free from fever. The urine was scanty,extremely acid and sedimentitious ; and contained *neither albumen nor nephritic elements*, at a microscopic examination. We only found amorphous uric sediment, which dissolved by boiling. A slight purgans was given, but the state remained the same. During the night of the 24th to the 25th sudden severe ecclamptic fits sets in with total loss of consciousness;—which decreased after three hours, (ice fomentations and leeching behind the ears,) but changed toward morning into an enormous restlessness, with a desire to run away, and a constant exclamation of "mother," and "yes, yes ;" with complete loss of consciousness, and perfect mydriasis. The quick pulse could hardly be felt, cyanosis, cool cheeks and extremities,—The urine, (25th of July) showed *large quantities of albumen and numerous hyaline cylinders, with fatty granules.*

July 26th, consciousness clear, enormous dyspnœa, 52 R.T., 36.5, in the evn'g 37.9, pulse can hardly be felt. On the lower part of the dorsal surface on both sides dulness and very rough respiration with fine rattling. Application of six dry cups, repeated in the evening ; wine,mustard poultices. Death next morning.

Autopsy: œdema pulmonum and of ligam. areypiglotticæ, broncho-pneumonic infiltration of the lower left and upper right lobe, serous accumulations in the pleura, pericardium and peritoneum. Fatty degeneration of the myocardium, especially toward the endocardium. Double-sided exquisite nephritis parenchymatosa; fatty liver, hyperplasia of the follicles of the spleen, of the intestines and pharynx. (We would remark, that the urine was daily examined under the microscope.)

The peculiarity of the case consists in the *absolute absence of albumen and of microscopic elements of nephritis* in the urine during the first three days of his stay in the hospital.—I may also add, that the physicians, who attended him at home, had also several times examined the urine for albumen without finding any. Only on the fourth day after his admittance, after the appearance of the so called uræmic symptoms, quantities of albumen and numerous hyaline cylinders with fat-granules, were found in the urine taken away with the catheter. It is well-known fact, though not yet explained,that in *chronic* cases of diffuse nephritis the quantity of albumen fluctuates, and may even disappear for several days. But it was something new to me, to witness it in an *acute* case, and this in a nephritis scarlatinosa which had progressed to the stage of fatty degeneration of the epithelia, as certainly no person would affirm, that nephritis only set in at the time of the uræmic paroxysm. Nearly at the same time I was called in consultation to a child of a colleague, where the father had examined the urine several times a day.

Child of six years: two weeks after a mild scarlatina, œdema facie; scanty micturition with copious albumen, anorexia, no fever. The following day, July 17th, I found in the reddish urine large quantity of blood corpuscles, some lymph-corpuscles; but neither epithelium nor cylinders. July 22—quantity of albumen fluctuating for the last 3 days; some times entirely absent for a day. July 23d, urine entirely free from albumen. July 24th and 25th—large quantities of albumen in the scantyred urine, containing blood corpuscles (micrococci) some fatty-degenerated epithelia and lymph-globules; no cylinders. July 28th—status idem, urine more copious and more red. General state satisfactory in spite of the anæmia. July 31—blood globules still in the albuminous urine. Aug. 1st—urine normal; reconvalesence.

Treatment: during the first days, Inf. herb. Digital. with Kali acet. From the 20th, Tannin 0,09, three times a day.—From the 28th, Ext. Secal. corn aquos 1.2, aq. com. 100, syr. simpl. 20.0.

Every physician knows these fluctuations in the course of scarlatinous nephritis and that often, when we consider our patient nearly cured, suddenly the fever rises again, the urine shows more albumen and œdema increases. The cause of it remains in most cases unknown. In three children, whose urine contained only a minimal quantity of albumen, the latter increased considerably, when they cried and fretted a great deal, as this continued yelling probably produced a venous stagnation in the kidneys. In another child I always saw in the morn ing,after the action of a cathartic, the urine free from albumen, whereas examination in the evening revealed it again, but I do not know how to explain these *complete intervals* of albuminuria, as witnessed in both the cases mentioned. Nobody can doubt, that the nephritic process continues, but how do we miss its manifestation in the urine? It is important for the diagnosis,as cases are recorded where albumen was absent during the whole course even up to the date of death, and the autopsy still revealed intense nephritis (Hirsch and Virchow Jahr's b. 1872 p 255,) *Fenini* witnessed such cases in an epidemic of scarlatina, in Italy,and lost a case of malignant scarlatina (diphtheritis of the pharynx, coryza, deliria, sopor,) where albumen was never found in the urine.

To explain such cases from a temporary retention of the foreign substances of the urine, is impossible. Still *Ackerman (Deut. Arch. III, 298,)* publishes a case of chronic morbus Brightii,where during the last thirteen weeks before death the cylinders were absent in the urine, but the quantity of albumen remained copious, and autopsy revealed the pyramids, and the pelvis filled with a mucous, lemon-colored fluid, containing any quantity of homogeneous, pale, greenish-yellow cylinders. *Ackerman* explains this, that by the constant horizontal position of the boy, the cylinders gravitated downward and formed adhesions with the pyramids and pelvis, but the albumen passed off in large quantities. The retention of albumen could only take place in anuria, and this was not the case here.

We are therefore doubtful, whether there are cases of hydrops scarlatinosus,without renal affection. Not only older physicians, but many of our age have reported such cases, and I can affirm it by my own observations. I treated a boy of 9 years,who for many weeks laid sick with malignant scarlatina, diphtheritis and synovitis, an œdema pedum followed, continuing for several weeks, without a diminution of the urinary secretion and without alluminuria ; health being finally restored under tonic treatment. I candidly believe, that *in all such cases the œdema is only the expression of weakness and anæmia* in the reconvalesence from severe disease, and not a genuine hydrops scarlatinosus. The œdema in such cases is always partial, mostly limited to the ankles and back of the feet.

Let us also notice the character of the *uræmic paroxysm.*—Whereas as a rule the latter manifests itself by depression of the intellectual energy and irritation of the motor sphere, i. e., by coma and convulsion ; we find in Otto's case, after the cessation of the epileptiform spasms unconsciousness continue with vivid deliria, severe screaming and threats of trials of escape. Most probably our little patient suffered from œdema cerebri, which became absorbed by the antiphlogistic treatment, but left behind an erethismus cerebri. It was also remarkable, how quickly all these cerebral symptoms disappeared,when on the next day the œdema and the inflammation of the respiratory organs set in. These, bronchitis, fibrinous or bronchio-pneumonia were never absent in cases of nephritis scarlatinosa, and they are even yet more frequently the cause of death than the so-called uræmia.

Finally, I lead your attention to the *fatty heart* and the *swelling of so many lymphatic glands.* The former is a frequent sequel of malignant scarlet fever, as of all severe infectious diseases, and more strongly developed in the right ventricle than in the left one; which appears still well contracted, when the right one shows its degeneration by its relaxation and paleness; it is nearly always accompanied by fatty degeneration of the liver. In our case it was remarkable to find such important parenchymatous changes to take place after an unusually mild (?) attack of scarlatina. The swelling of the follicles of the spleen, of the Peyerian and solitary intestinal glands, of the mesenteric glands, of the follicles at the base of the tongue, etc., is a frequent phenomenon, which led some physicians to claim relationship between ileotyphus and scarlatina, (germ-theory.)

The boy also gives another proof, that suppressio urinæ is not necessary for the appearance of uræmic symptoms. The quantity of urine was never considerably diminished. Uræmia has been observed with normal quantities of urine, and with normal per centage of urea, and complete anuria may take place for many days without uræmia. *Zander* observed such a case, where after scarlatina for many days not a drop of urine was voluntarily discharged, and with the catheter hardly a teaspoonful, which fully coagulated when boiling it. This anuria lasted fully seven days without œdema, with a pulse of 80 96. A glandular swelling of the neck was at the same time removed with Iodine and a tendency to sleep by purgantia. The euphony was nearly perfect, when on the 7th day uræmic symptoms and death set in. *Muller (Edinb. Med. Jour June 1867)* reports a similar case, where nephritis set in during puerperium; the anuria lasted thirteen days without uræmia, and consciousness remained clear to the time of death.—May not thus uræmic symptoms appear perfectly independent of accumulation of urea and of its decomposing products in the blood?—[*B. K. W., 50, 1873.*]

ALCOHOLISM—NUX VOMICA IN.—Dr. Luton (*Mouvement Medical,*) describes excellent effects from the use of Nux vomica in chronic alcoholism, where the evil has not passed into the absolutely degenerative stage of tissue change. In the tremors, cerebral disorder, and gastro-intestinal and thoracic disorders of alcoholism, he resorts with confidence to its use.

Gynaecology.

W. H. BLAKELEY, M. D., BOWLING GREEN, KY., EDITOR.

In assuming editorial charge of the Gynæcological department of *American Observer* I feel deeply the responsibility resting on me, it being the department around which hinges more either for good or evil than any other branch of Medical literature. Viewing it thus, it will be my chief object and aim to embody as much real practical information as possible.—Making it, thus much more suitable for the busy and isolated practitioner, who has but little time to devote to the perusal of long spun theories, thereby detracting his attention from more valuable considerations.

I will endeavor to make this department thoroughly practical. Non-partisan regarding the puzzled question of dose, giving equal rights to high and low, single remedies, or in alternation, but always having in view the great law of *Similia*, which I understand not to mean only small doses, but selected to *similia*, even if it be crude substance, or the highly potentized drug.

I invite articles, concise and practical, from the experience of physicians from our southern as well as northern and western States. In this way, we may interchange views and ideas which will be of mutual benefit to all. Diseases in the different sections of country requiring modifications of treatment.

While not discouraging the use and application of surgical means in the treatment of uterine diseases, I shall ever discountenance the indiscriminate use of ocular and tactile diagnosis, either by the speculum or finger per vaginum. Not denying, however, their immense benefit in many cases, but due regard should be paid to symptoms.

I confidently look forward to the time when we will have a more carefully prepared list of cases, including all the symptoms of a given case, followed by the prescription, reasons for, practical results, &c. Whenever we have such, we then can treat uterine diseases as well as a pneumonia, or any visceral derangement, without the aid of vision.

If we had some blanks for distribution, (similar to those found on page 69 of "Thomas' Diseases of Women,") among our physicians, we would soon have Gynæcology on a basis, of which we might be justly proud. W. H. B.

ACTION OF ATROPIA.

I present to your notice a few observations on the use of a remedy but little used—I mean the Sul. Atropia. I have used it with better success than I ever have Belladonna. It is so difficult to get a good article of Belladonna that I rarely use it, using instead Atropia.

CASE 1st. Miss Jennie E., aged 24 years—unmarried, of a slender build, healthy parents, and always enjoyed good health until about five years ago, when immediately before her regular menstrual return she was attacked with a very severe headache, beginning in the occiput, and passing over the right side and seating over the eyes and in the balls, increasing to such a degree that an attack of epilepsy would set in which would deprive her of consciousness for eight or ten hours, awaking only to a renewal of same.

The attacks came on mostly two or three days previous to menstruation but sometimes the flow would be all right for a day or two, and suddenly stop without any cause, and then the head and nervous symptoms would develope. She had been subject to those seizures so long that the eyes had that peculiar glassy hue characteristic of an epileptic. Very sad and morose, preferring solitude and a dark room to the society of friends ; throat of a dark red hue, teeth white, dry and shining; also during the menstrual flow she would have a severe pain in the region of the left ovary, which would increase in size, and be very tender to touch. Menstrual blood light colored and rather scant.

After she would pass over one of these attacks, she would be very nervous and restless, wanted to keep moving about all the time, very irritable, not answering with civility.

After a careful study of the pathogenesis of Belladonna I concluded to give Atropia, 3-10 pellets, 3 of No. 30 every six hours, beginning three or four days before the expected return of menstruation. She passed through the first time with only a headache; since then she has been exempt entirely.

Now that six months have elapsed, her eyes have brightened up and she enjoys society.

CASE 2. Mrs. L., age 40 years. Mother of seven children. With each of her other children, beginning about the third month, she would suffer with the most excruciating pains in the region of the left ovary of a cutting or drawing nature—extorting screams from her, and causing her to bend over to that side; the pains were so severe that she expressed them as unbearable. After continuing in side for a while the head was attacked, which would develope spasms of a genuine epileptic nature. She had been treated during her other pregnancies by the so called orthodox school with Chloroform and Kali brom., but without avail; they would get more severe until a day or two before confinement, when they were almost continuous; she could tell for several hours before they came on.

I began the treatment with Sul. Atropia 4-10 globules as before, three times every four hours until the symptoms abated. She passed through confinement all right, and without a single attack and eight hours labor; heretofore it had been eighteen to twenty.

In ovarian neuralgia, supra-orbital and orbital neuralgia I use it in preference to any other remedy. I have found it necessary on one or two occasions, to flush the face a little before I could get a permanent effect, after which it would be lasting.

I find some valuable information on the use of Atropia in HALE'S "*New Remedies*," it will well repay one to study it, and find a remedy without going all through the Materia Medica. Medicinal aggravations are very annoying sometime, so we should be sure of the right similimum.

W. H. B.

PATHOLOGICAL AND SYMPTOMATIC PRESCRIBING IN FEMALE DISEASES.

BY E. N. AMOSS, M. D., WALLONIA, KY.

While the homœopathic physician who is guided in the treatment of the diseases of females, by the homœopathic law of cure, should be particular in his diagnosis of the case on hand ; still his success does not depend altogether on this as with the allopath, who in order to accomplish anything for the patient, or who indeed would not do actual harm, must know what pathological condition exists before he can safely prescribe. Indeed, the extensive range of sympathies which the uterus and its appendages possess, makes it sometimes impossible to know the true pathological condition—the sympathetic symptoms being frequently severe, while the organic disease which gives rise to these disturbances, gives no other evidence of its existence.

Striking at supposed organic or functional disease of the liver, spleen and thoracic organs, how often does the allopath, particularly if a tyro in the practice, dose the unfortunate victim of his ignorance with Mercury, Lept. Pod. Irisin, Nux juglans and Quinine, together with the external application of Mustard, Capsicum, Cantharides and compound plasters of Phytolacca, Sanguinaria, with resin, beeswax, &c.; making great sores over the hypochondria and thorax. And for the dry sympathetic cough, which is sometimes present, she is apt to get Tartar emetic, Lobelia, and other expectorants, which only worry the patient without accomplishing anything for her benefit. But although it is not necessary for the homœopath to know the exact pathological condition in any given case as the allopath, yet in order that he may make the best possible prescription, and also that he may satisfy inquiring friends and relations, and prevent the charge of ignorance by those who think correct diagnosis indispensable to successful practice, he should endeavor to obtain as correct an idea as possible of the true source of symptoms present in his patient. A knowledge of the pathological condition of any diseased organ, and also the pathological fountain, from which a group of symptoms may flow, frequently, though not *always* facilitates the selection of the homœopathic remedy. Indeed, we may be disastrously deceived sometimes in selecting remedies, known to produce certain pathological states, by taking this *alone* as our guide in making choice of a remedy.

I recollect some cases in my own practice; one a case of pneumonia, in which the patient had a remarkably red face with two chills per day, and the rusty sputa, with excessive irritability of temper, was relieved by Hyos. 3d in dilution every two hours. Guided by the pathological condition, I had exhibited Phos. without benefit, the red face and nervous symptoms decided in favor of Hyos. While it is true that we may in female diseases and many other forms of disease give relief, and by frequent ignorance of the existence of any pathological condition other than we can see in the symptoms that present themselves in the case, yet occasionally to prescribe according to a known pathological state enables us to relieve promptly.

As an instance of this mode of prescribing, I present a couple of cases—the first of which was that of a lady who had been in allopathic hands, and was transferred to mine.—She complained of a constant severe pain, like as if an abscess was forming about half-way between the right false ribs and the spine of right iliac bone. From some cause,I do not now know, I was induced to make a digital examination of the os uteri, and found it greatly enlarged and very hard; this indicated Conium (as I thought pathologically) and I gave it in the 3d in alternation with Bryonia for some forgotten reason.

The prescription was a happy one—the pain vanished as if by magic, and in a day or two she was up.

The next case was that of a lady also, who had pain in the region of left ovary, extending up to the lumbar region and down the left thigh, dull heavy headache, delayed menses for two months, which then returned and continued for nearly two weeks, discharge being paler than usual; tenderness in the left ovarian region—the pain and discharge continued to be troublesome for about nine months, although many remedies which I thought to be symptomatically indicated were given. The vaginal discharge finally became a stringy bloody white mucus, the chief pain was in the back, and some in the hypogastrium—the pain was worse when the discharge abated. Puls. 12th, seemed to help some, but the symptoms returned, I then gave Arsen. 200th, one dose of five or six pellets every day for seven days—the discharge ceased in twenty-four hours and the pains were relieved in three or four days, and did not return.

I judged from the persistence of the symptoms, with the bloody stringy discharge, that there was an endo-metritis, and I selected Arsen. because Hughes of England taught that Arsen. is the remedy for endo-metritis. I did not make a vaginal examination, either ocular or digital, for the reason that I never resort to such means as long as I can safely proceed without them. A tender regard for female delicacy, and a sincere desire to foster female virtue, should cause us to use such means of diagnosis as rarely as possible; it is necessary sometimes I admit, from our present knowledge of symptoms, but guided by the symptoms of the case the homœopath can generally get on as well without it. Nearly all other internal diseases are treated symptomatically, and that too with great success by homœopaths, why should diseases of uterine organs be an exception? and consider how little is *generally* derived from seeing an abscess, ulcer, or boil, as frequently the remedy is selected according to concomitant symptoms, and not according to external appearance.

An exact record of all the symptoms attending disease of the female genital organs, in cases in which certain remedies have produced certain and undoubted relief or cures, would enable the homœopathic physician to treat successfully every curable case of female disease, without resorting to the use of the speculum.

The value of exact records of clinical cases cannot be overestimated, as it is from these that the physician derives a vast amount of benefit, and by these records he may be safely guided in practice, whether the symptoms removed by the remedy used, have been produced on the healthy or not. The pathogenesis of drugs only point us to the individual to be tried in any case of disease, the clinical record if faithfully and accurately made, shows what the remedy is capable of doing, and then a digest of all the individual cases will result in the discovery of exact rules for the use of all remedies thus submitted to the crucible of experience.

I say again, let the records of all cases of disease that have been cured by any remedy, be faithfully and accurately made, especially in female diseases, and the use of the eyes or finger will rarely be needed in making out a clear and correct diagnosis.

STRAMONIUM POISONING.

CASE. Little daughter of Mr. E. about three years old, had been playing in the yard with seeds of Stramonium, using little cups to hold them ; being not quite ripe they resembled salt, and the little girl ate them. I was called in about four hours afterwards and found her in the following condition:—

Pupils immensely dilated, with redness of eyes, face flushed frequent rolling and turning the head, as if in search of its parents, with wild screams, *desire* to *escape*. Vertigo when standing—the sight of lamp would renew the spasms.

My treatment consisted, first of giving an emetic and renewing same, but without avail; I then remembering the antidotal virtues of Opium to Belladonna, concluded to try it, and gave 1-48 grain sul. Morphia, every six hours, and soon had the satisfaction of seeing the little patient all right—two doses being sufficient. The afternoon of the next day she passed one tablespoonful of the seeds, and recovered without further trouble. W. H. B.

ON INCISION OF THE CERVIX UTERI.

Professor R. Olshausen, of Halle, (*Volkmann's Sammlung Klinischer Vortrage*, No. 67, 1874,—"London Med. Record") considers incision of the cervix uteri, or, as he calls it, bloody (*blutige*) dilatation of the neck of the womb, a subject worthy of careful study, both because its employment is unavoidable, and because it may be dangerous if performed in unsuitable cases. Gradual dilatation of the cervix is chiefly applicable to cases of pathological contraction of the canal. One has generally to deal with the relief of the milder or severer forms of dysmenorrhœa, or with the removal of sterility. Or, as indeed most frequently occurs the two affections co-exist.

Dysmenorrhœa is divided into three kinds: that arising from mechanical obstruction, the congestive, and the ovarian The 'gouty' and 'neuralgic' are considered questionable.

Bloody (*blutige*) dilatation is advocated only in that small class of cases under the division of obstructive dysmenorrhœa, where it is dependent upon the small size of the external os. Whether for relief of dysmenorrhœa or of sterility, the use of the knife is strongly deprecated in stenosis of the internal os, and in contractions of the cervical canal from some lesion of the mucous membrane. The operation may be followed with good results, not only where there is an absolute and distinctly pathological contraction of the external os, but also where the os is normal or nearly so. On account of the small dimensions and dilatability of the soft structures, it is exceedingly difficult to measure exactly the size of the external os, and find out where the pathological narrowing begins. If the os be with difficulty discoverable by the finger, and if the sound, guided by a practised hand, repeatedly slip past it and at last enter with a jerk, it may safely be considered as pathologically contracted, and it is very rare to find this condition unaccompanied with dysmenorrhœa. The mere passage of an uterine sound, with a diameter of three or four milimetres, is not a proof that the os is not contracted.

If sterility co-exists with distinct mechanical dysmenorrhœa, we cannot err in assuming that there is a pathological contraction of the external os. When the removal of sterility is the object, we may even go further, and perform incision of the external os even when the mouth of the womb is quite normal. Even if a careful examination of the patient fail to detect any assignable cause for the sterility, conception may still be prevented, some unknown conditions co-existing with a normal degree of contraction of the os, which dilatation of the os might cure. The dilatation of the os by the first labor is favorable to subsequent conception; and this is further shown by the cases of women who have been sterile many years rapidly conceiving after the birth of the first child.

The assertion of West, that openings large enough to admit an uterine sound must be capable of transmitting spermatozoa, is disproved by repeated observations. How the semen enters the uterus, has not yet been made out. That conception may occur without complete sexual intercourse is true, in exceptional cases; but the conformation of the organs, the relation of the bodies one to the other, both in man and the higher animals, during the sexual act, clearly shows that the male organ should come in contact with the external os uteri.

Olshausen strongly disapproves of bilateral hysterotomes as dangerous in practice, although apparently perfect in theory. He recommends Marion Sims blunt-pointed bistoury.—The blade should be passed up as high as desirable, and a cut made from above downwards, first on one side of the cervix and then on the other. The external os should then be deeply divided, so as to leave a gaping slit. On this latter point he lays great stress, as the tendency of the parts to unite is very great. The lips are best kept apart and prevented from uniting by tearing the adhesions down with the finger every twenty-four or forty-eight hours, and afterwards applying solution of perchloride of iron or the hot iron. Sponge tents are condemned as liable to produce septicæmia. Laminaria tents are less objectionable. Before operating, care should be taken that no perimetric inflammation is present.

In sterility, where there is slight antiflexion with a concentrated external os, the ordinary lateral operation has seldom proved successful. The operation in these cases is modified by cutting a wedge-shaped piece out of the anterior lip.

In cases of severe catarrh of the uterus, it is advised to perform the bilateral operation, as the wider and larger the orifices are, the easier is internal medication ; still, on account of the danger, it should be strictly limited to the most severe forms.

Finally, incision of the cervix must be accepted as an established therapeutical remedial measure, requiring, however, the greatest care in the performance and in the after-treatment. The author believes that it is too frequently performed for trivial affections, and in a most reckless way. Such practice he can not too strongly condemn, as most unjustifiable.

DISPLACEMENTS OF THE UTERUS.—Dr. W. C. Grigg, in the *London Medical Record* says:—Dr. Wm. Lowenthal (Heidelberg, 1872) maintains that all displacements of the uterus arise primarily from some change in the tone, either of the vaginal walls, causing versions, or of the structures of the uterus producing flexions.

Versions arise from a relaxation of the opposite vaginal wall ; anteversion from the posterior wall becoming slackened ; retroversion, *vice versa ;* and so with the other versions. The author proposes to cure these conditions by shortening this relaxed wall—Simon's operation of colporrhaphia. For the relief of flexions, the uterus is to be pulled down an inch, to allow the invaginated portion of the cervix to be compressed by the vaginal walls, being kept in position by means of a ring pushed over it. In an anteflexion, the uterus is to be drawn down by catching hold of the posterior lip of the os and uniting the posterior wall of the vagina to the posterior wall of the uterus, so as to drag the uterus back—and so forth with the other flexions. The writer has not performed any of these operations on the living subject.

Materia Medica.

S. A. JONES, M. D., NEW YORK CITY. EDITOR.

NATRUM MURIATICUM.

BY T. S. HOYNE, M. D.*

Natrum Muriaticum, or common table salt, is used by the regular school, with warm water as an emetic, and never to any great extent in any other way. It was reserved for Hahnemann to discover the therapeutic power of this seemingly powerless substance. Homœopathically it has been used to a very great extent in the treatment of intermittent fever, and is perhaps as often indicated in this affection as China.—The antidotes to Natr. mur., are *Arsen.*, *Camph.*, *Nitr. spir.*

Dr. Bayes says: "This medicine comes in for a special sneer from the late Sir Jas. Y. Simpson and some other prejudiced anti-homœopaths; men who judged the question of infinitesimals by arguments and not by facts—who try the assersertions of practical men by the inner light of their own understanding, and reject all that does not accord with their own previous experiences. The same class of arguments used by these savans could be used to prove that America exists only in the imagination of deluded minds who have blindly followed the lead of Christopher Columbus. It is vain to argue with these savans, they won't believe in homœopathy, because they refuse to accept the testimony of others who have seen, and they wont go and see for themselves. The anti-Columbian refused to believe in the testimony of Christopher Columbus, and would not go himself and repeat the voyage. The anti-Columbians have died out, and I fancy even these followers of Sir Jas. Y. Simpson would in charity consign the man who disbelieved in the existence of America to a lunatic asylum.

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* *Extract from a Lecture delivered before the Class of Hahnemann Medical College of Chicago.*

The time may come when the anti-homœopath will be looked upon with equal compassion.

"Natr. mur. is neither more nor less than table-salt,and yet by trituration and dilution it becomes a very valuable and powerful medicine. To find this medicinal value in an article of common food is all very astounding and contrary to common sense founded on past experience; but as the fact is proved and can be proved, we must remodel our common sense in accordance with our present experience. The condition which is to be cured by Natr. mur. is one of hypochondriacism of the passive kind—a sort of despairing, hopeless feeling about the future, accompanied with dryness of the mouth, irritable mucous membrane, often with sore tongue, and slight ulcerations, and almost invariably chronic constipation with hard stool. There are some other affections in which the medicine appears to be useful, chiefly affecting the tendinous structures; but in the above form of hypochondriasis, which is also sometimes accompanied with gastric symptoms, I have seen very marked beneficial results from the 6th, 12th, and still more often from the 30th dilution of this medicine. The dryness, heat and soreness of the mouth, with the constipation soon yield, and the mental condition quickly rights itself. Hence I am forced to admit the apparent paradox, that while a teaspoonful of salt taken one way or other with the food has failed to prevent or cure this form of hypochondriasis, I have seen it cured by a few doses of the billionth, quadrillionth, or even decillionth of a grain, without any deviation from the ordinary habits of the patient. How this fact is to be reconciled with science I know not. There is more than one theory which may appear to afford its explanation, but I know that we possess a valuable means of relieving human suffering in these infinitesimal doses, and fortunately cachinations of conceited savans in no way injure the powers of the medicine."

Our use of this medicine has been more extended than that of Dr. Bayes. We are led to administer Natr. mur. when we find the following mental symptoms well marked, viz: great sadness, apprehension for the future, peevishness, hurriedness, tendency to start.

Headaches, especially chronic, commencing in the morning when getting awake; worse from reading, writing and talking, and better from gentle exercise, are quickly relieved by this remedy. It is especially suitable for school girls who apply themselves closely to their lessons.

Dr. Berridge reports the following cases:—

Miss ——. Headache in vertex and occiput like a weight, worse in the evening, relieved by pressure, with heat of face. Has had such headaches as long as she can remember. Scar in left side of neck, where she had an abscess twelve years ago. Natr. mur. 1000, one dose and to leave off salt. Headache improved, and scar became less visible.

2nd. Servant, aged 20. For two days shooting from mid-forehead to occiput, then in a minute the reverse; then feels giddy as if she would fall to the left; room seems to revolve; feels sick and sleepy—with the pain her eyes close. Feels as if something was going to happen, which makes her low spirited; headache better in the open air. Natr. mur. 1000, one dose. Symptoms disappeared in four hours.

Dr. H. M. Lewis relates this case: R., three months ago, received a blow across the forehead which exposed the skull. A small piece of bone exfoliated. Wound healed well. Now wakes each morning with headache, which lasts till 10 A. M., when his head begins to sweat and the headache passes away. When he lies down at night head begins to ache; hears a ringing and roaring until he falls asleep; from this sleep, he in a short time starts, frightened—having dreamed of robbers, fire, murder, and other horrible things. One dose of Natr. mur. 200 cured.

Dr. Dulac mentions this case: Man aged 20—severe headache, after a thorough wetting, with maniacal paroxysms—uttered the most atrocious blasphemies; after raging for a while became exhausted; must keep his bed from debility, with dry tongue and unquenchable thirst; pulse irregular and intermittent. Natr. mur. 200 first aggravated, but on the second night perspired freely with relief of all symptoms. Also, the following: An elderly lady lost her only daughter, and since then does not wish to leave her bed; speaks very little and any consolation only increases her grief and her crying spells on account of her affliction. Natr. mur. 1000 quieted her.—The remedy was repeated every twenty days for three months.

Impetigo when situated on the nape of the neck on the boundaries of the hair, if the surface is raw, discharging a corroding fluid is speedily cured with this medicinal agent.

We employ it in scrofulous ophthalmia when the discharge from the eyes, is thin, watery and excoriating, especially if the nitrate of silver has been previously used.

Dr. Allen records the following case of asthenopia. Patient overstrained his eyes, working with various colored inks, writing very fine and often uninterruptedly for 12 or 15 hours.—General health good. Must close eyes firmly—touch is unbearable, but hard pressure relieves. Feels something sharp and pricking in the eye. He says, my eyes feel just like chilblains, I must wipe them often and pull at the lashes. Eye hyperæmic. He is emmetropic, though he finds it difficult to read number 15 at fifteen feet, from the blurring of the letters, not improved by glasses. A candle held twelve inches seems double, and the left image is seen with the right eye, hence he has asthenopia from paresis of the internal recti muscles. Natr. mur. 200 cured.

Basedow's disease occurring in two cases—ladies—with swelling on each side of the neck; changed voice; eccentric dilation of the heart with systolic bellows sound; was cured by Natr. mur. 24, in a few months.

The following symptoms indicate Natr. mur. in coryza: "A violent fluent coryza after lasting from one to three days, changes into a stoppage of the nose, making breathing through the nose exceedingly difficult;" fluent coryza alternating with stoppage of the nose, with hoarseness and tickling cough, sometimes discharge of thick mucus, at others dribbling of clear water from the nose; loss of smell and taste; feeling of dryness in the posterior nares; hawking up of mucus from the throat in the morning. It also proves curative in chronic catarrh, when there is frequent stoppage of the nose, loss of smell, longing for salt, and aversion to bread.

In herpes facialis it proves beneficial, particularly when confined to the lower part of the face.

Dr. Hirsch recommends this drug in ague of the face, with the free use of salt water baths.

Facial neuralgia, after suppressed intermittent, or after the abuse of quinine, requires Natr. mur. for its cure, when the paroxysms are periodic, accompanied with pain in the malar bones, great thirst, yellowish pale and livid complexion, and falling off of the whiskers.

In follicularis which has been treated with local applications of nitrate of silver, salt acts well, if accompanied with a feeling of great dryness in the throat, and yet a constant hawking up of a transparent thin mucus.

Chronic catarrhal inflammation of the mouth and fauces is well met by Natr. mur., when the action of the muscles of deglutition is diminished, the uvula elongated, constant sensation as of a plug in the throat, and frequently the food goes the wrong way or does not go down at all.

Athough not often indicated in diphtheria, this remedy is useful for swelling of the sub-maxillary glands and lymphatics, burning in the throat, constant hawking with feeling of dryness in the throat and white coated or map tongue, especially after the use of caustics or nitrate of silver.

Dr. Lilienthal gives the following indications for the employment of Natr. mur. in catarrh of the pharynx :—

"When the irritation is seated in the epigastrium, with morning aggravations, but having also severe paroxysms when going to bed, with nausea and vomiting, and when the patient complains of a tired sensation in the hypochondria."

Dr. O. B. Baer speaks of this remedy as of service in glanderoid asthmatic influenza.

Raue recommends Natr. mur. in stricture of the œsophagus from spasms, for the following symptoms: only fluids can be swallowed; solid foods reaches only a certain place, whence it is ejected with fearful gagging and suffocation; hawking up of phlegm in the morning; obstinate constipation.

Dr. Martin reports the following case: Lady aged 45—Cough of three years standing, expectorating a great deal of white salty mucus in clots, most in the morning. Has headache in the morning until 10 A. M., when it goes away. Natr. mur. 1000, one dose cured.

Natr. mur. proves curative in epidemics of whooping-cough, when the intermittent which prevails at the same period requires this remedy. The prominent symptoms are—headache as if bursting; beating or stitches through the neck or chest, with heat in the head; the expectoration has a sourish or salty taste; blisters upon the lips like pearls; intermitting pulse; sleepiness in the day and sleeplessness at night.

In valvular disease of the heart, I have found this remedy useful, when there is an irregular, intermittent pulse; great inclination to weep with great debility and great thirst; fluttering of the heart; feeling of great hunger as if the stomach was empty, but no appetite; coldness of the hands and feet, and aggravation from lying on the left side. Also in nervous palpitation of the heart, in cachectic individuals, with dead, dirty skin; oppression and anxiety in the chest, and scanty or suppressed menses.

Some few cases of dyspepsia are well met by this medicinal agent, particularly when there is heartburn after eating; longing for salt food; aversion to bread; feeling of great hunger, as if the stomach was empty, but no appetite; obstinate constipation.

Chronic diarrhœa is speedily cured by Natr. mur., where the stools are excoriating, greenish, bloody, or watery—occurring for the most part during the day, and rapid emaciation of the neck and throat; eyelids red and sore. Also cholera infantum with similar symptoms, and nausea and vomiting.

We find it beneficial in constipation, with sensation of contraction of the anus; difficult expulsion of stool, fissuring the anus, with flow of blood, leaving a sensation of much soreness of the anus; ripping up sensation in the anus after stool;—

heaviness through the pelvis and across the bladder, worse when walking about; white coated or map tongue.

Raue considers it serviceable in hemorrhoids; varices painful, stinging and humid; protrusion of the rectum; smarting and burning in the rectum; herpes about the anus; herpes on the boundaries of the hair on the nape of the neck; cutting pain in the urethra after micturition.

The same author advises its employment in Addison's disease, when nutrition is greatly impaired; tension and heat in the region of the kidneys; earthy yellow color of the face; brown spots upon the backs of the hands; excessive prostration of mind and body, with trembling of the legs; darkness before the eyes; nausea and vomiting; pressing and screwing pain at the stomach; want of appetite, loathing of meat; constipation; pain in the hypochondria and abdomen; aversion to motion and labor; frequent yawning and stretching, with sleepiness without being able to sleep; coldness of the extremities; prevailing depression of mind, with spells of irritability and crossness; vertigo on rising from bed, and on trying to walk, with faintishness—sensation as after an epileptic fit.

Dr. Reynolds cured the following case with two doses of Natr. mur.: severe pain in the right side for several years, could give no idea of the character of the pain, but must have relief. Finally told me that she had an aversion to bread.

It is a remedy not to be overlooked in gonorrhœa or gleet, occasioned by acrid leucorrhœa or menstrual discharge, particularly if injections of nitrate of silver have been used unsuccessfully. Other symptoms indicating it in these affections are—discharge of yellow pus, but without pain during micturition, or discharge of thin mucus, leaving stiff translucent spots on the linen; urine deposits a brick-dust sediment; aching in the testicles.

Cases of leucorrhœa which have been treated with nitrate of silver, require this drug for their cure. Also greenish leucorrhœa, particularly when walking in the morning, with itching of the pudendum and pimples on the mons veneris, and yellowish face; profuse leucorrhœa with too early and profuse menses, and white, thick mucus, causing an itching of the parts; both of these forms occurring in cachectic individuals, with palpitation and fluttering of the heart.

In displacements of the uterus after applications of nitrate of silver, we often trust to Natr. mur.; particularly if the bearing down occurs every morning, obliging the patient to sit down to prevent prolapsus; burning and cutting in the urethra after micturition; uterine cramps with burning and cutting in the groins; morning headache; leucorrhœa and obstinate constipation; aversion to bread and longing for salt.

Amenorrhœa calls for this medicine when the following symptoms are present; sad and weeping, consolation aggravates, a fluttering of the heart follows; awakens every morning with a violent headache; itching of the vulva, with pimples on the mons veneris; frequent dreams of robbers in the house; constipation with vertigo—especially in cachectic individuals.

It proves useful also in pruritus vulvæ or itching of the vulva, when accompanied wlth pimples on the mons veneris;—falling off of the hair from the mons veneris and labia majora; dryness of the vagina which is painful during an embrace;—morning headache; cutting in the urethra after micturition.

Dr. Belding relates a case of dysmenorrhœa of several years standing cured with Natr. mur. 200. Menses were preceded by frontal headache and accompanied with diarrhœa;—had frequent dreams of robbers in the house, and on waking would not be satified until her husband had searched the house for them; had frequent cold sores on the upper lip looking like pearls; every summer had an urticarious eruption—better in cool dry weather.

Dr. H. V. Miller reports the following: A pregnant lady saw a man who had a disfiguring nasal cancer—this haunted her, and she was sure her child would be marked—she was melancholy, avoided society, wept continually. Natr. mur. 200 cured.

I find the following case of spinal irritation, recorded as cured with Natr. mur. 200: Acute pains in the back, sleeplessness, constipation, headache, and other nervous symptoms, morning headache, salty taste in the mouth, repugnance to food ; sometimes a trembling sensation in the heart, though not amounting to real palpitation.

Also the following by Dr. C. H. Burr : N. has had imperfect vision for years. Some seven or eight years since, she suffered from spinal irritation, at which time she was able to use her eyes but little, but as the spinal difficulty decreased, the power of vision was partially restored. At present, when commencing to read or do fine work she can see quite well, but in a few minutes the sight becomes dim, so much so that the letters cannot be distinguished, and all attempts at work has to be abandoned. Distant objects do not become obscure as soon as nearer ones. Her eyes are sore when slight pressure is made upon them. She has occasional attacks of the neuralgia in the frontal region, accompanied by nausea ; at such times the eyes are much more troublesome ; they are very sensitive to gas-light ; at times only one-half of an object is visible ; black points and streaks of light appear before the eyes ; she complains of pain in the back and sensitiveness of the spine ; is easily fatigued and feels great weakness from a little exertion ; there is restlessness of the limbs ; they have frequently to be moved ; she is worse in the forenoon. Natr. mur. 200, a powder every day, and she improved steadily.

Case of intermitting tonic spasms—the muscles of the back and extremities are stretched, whilst the wrists and joints of the feet are flexed, every morning at 8 o'clock lasting until 11 o'clock. Loss of appetite, palpitation of the heart, and loss of breath from the least exertion. Hydræmic constitution. Cupr. 6, made the spells come every other day. Natr. mur. 6 relieved her entirely.

Raue recommends this drug in chronic cases of chorea after fright or suppression of eruptions on the face ; paroxysms of jumping high up without taking notice of the things around him, thus sometimes hurting himself considerably—or mere jerkings of the right side of the head.

It is claimed by some authorities, that this remedy is effectual in paralysis after diphtheria, (I prefer Gelsem.) intermittent fever, fits of passion (Nux, Coloc.,) and sexual excesses, (China., Phos-ac.,) especially when the lower limbs are principally affected.

From what has already been stated you would naturally think of this drug in chlorosis. It is beneficial in chronic cases, cachectic individuals with dead, dirty skins, frequent palpitation and fluttering of the heart, oppression and anxiety in the chest; morning headache; leucorrhœa, constipation with sensation of contraction of the anus; eruptions on the mons veneris, and on the neck. Also, in scurvy for scorbutic putrid inflammation of the gums, bloody saliva, and difficulty of talking, as if the organs of speech were weak.

Natr. mur. was used some years ago as a sort of specific for all cases of intermittent fever. In the college dispensary it was given to every case without any regard to the symptoms. and of course it failed, like every other remedy when not indicated by the symptoms.

The indications are—blisters upon the lips like pearls; hard chill about 11 A. M., with great thirst, which continues through all stages; the heat is characterised by the most violent headache. Before the fever, lassitude; during the chill, stupefaction; during heat, obscuration of sight; during apyrexia, loss of appetite, sallow complexion, pain in the stomach.

Case. (Dr. H. V. Miller.) T. aged 65. Six years ago had ague for sixteen months, in spite of quinine which temporarily suppressed paroxysms. On visiting the uplands of Tully the disease became again developed, continuing five months under quinine. In five months patient started on his well day for his former home; for four years after the ague ceased general health was poor; he took quinine, had dyspepsia, liver complaint, suppressed urine, china cachexia. He now visited Tully again, when the tertian ague returned. Tried salt water, oxalic acid, with no effect. Present symptoms—chill beginning every day at 10 A. M., continuing one-and-a-half hours, with severe shaking; heat all the afternoon; profuse and offensive sweat all night; severe aching in the knees and legs, during chill; during heat, much thirst, terrible headache, delirium; during sweat, relief of symptoms. Natr. mur. 200—one dose cured.

Finally, Natr. mur. should be employed for eczema, which occurs on the boundaries of the hair; the red, raw, inflamed surface discharges constantly a corroding fluid.

Colleges. Societies, etc.

HOMŒOPATHIC HOSPITAL COLLEGE OF CLEVELAND, O.

The Homœopathic Hospital College of Cleveland, closed its 24th Annual Session of 1873—'74, February 11th, graduating a class of six ladies and 27 gentlemen, which though in numbers smaller than some of its predecessors, ranks in scholarship second to none.

Monday evening, Feb. 9th, an audience of about 500 gathered at the College to witness the Commencement Exercises of the *Hahnemann Society*—consisting of Music, a fine Salutatory Address by Miss L.A. Robinson the Annual Address by Rev. Henry Baker, of the First M. E. Church; an excellent Valedictory, by M. T. Rounds, and the conference, by the President, H. H. Baxter, M. D., of the degree of "*Member of the Hahnemann Society*," upon the graduates.

The audience went away delighted, and the participants happy.

Miss Robinson, speaking of the history of this branch of the Hahnemann Society, said :—

" Although ours is the oldest society of the kind in America, its existence is reckoned by less than a decade of years. Like most great enterprises, the Hahnemann Society is the result of small beginnings. In the early days of the College, the students were in the habit of forming themselves into 'quiz-clubs,' for the purpose of reviewing the lectures of the week. The advantages derived from this course were so obvious, that during the session of 1864–5 a temporary organization was formed which assumed the name of the Hahnemann Society, the officers consisting of a President and Secretary. In the following year a Constitution was adopted, and the corps of officers increased, so as to include a Vice President and Treasurer.

In the winter of 1867 a committee of five were appointed to draft a new constitution and by-laws, and to obtain a charter—their labors resulted in the production of the present Constitution.

At the close of the College session lithographed parchment diplomas, unique and beautiful were presented to the members who graduated from the College, and upon each the degree of " Member of the Hahnemann Society" was conferred.

The society has issued about 225 diplomas, of this number fifteen were given to women. Its object, as set forth in its records, is to "advance the true science of medicine, and to perfect the students in the same, and to promote their mutual improvement in literature."

How well, as an adjunct of the College, it has accomplished that for which it was founded, can only be approximately known; nor would we wish to separate its results from those wrought out by the College, whose helper it is; their mutual success is measured by that of those whom the annually send out as practitioners. Some have been eminently successful; others moderately so; and others comparative failures—would have been failures in any profession; they lacked the energy and moral force necessary to win success."

Tuesday evening Feb. 10th, the Faculty met the graduating class to a most enjoyable reception, held at the residence of Prof. J. C. Saunders.

At 2 P. M., Wednesday, the final exercises were opened with prayer, after which the Rev. Dr. W. D. Godman, of Baldwin University, delivered the Annual Address, which was so very good all through, that *no extract* can do it justice.

The President of the College, Hon. George Willey then conferred the degree of Doctor of Medicine upon the following

GRADUATES:

S. W. Aldrich, *Mich.*
Jno. Burrough, *Ind.*
A. B. Botsford, M. D., *N. Y.*
Jno. S. Boyd, *Penn.*
J. Burling, *N. Y.*
J. C. Campbell, *Ohio.*
Millie J. Chapman, *Penn.*
S. E. Chapman, *Ohio.*
P. M. Cowles, "
G. B. Durand, *Wis.*
Mary W. Ellis, *Penn.*
Henry C. Frost, *Ohio.*
George H. Gilbert, *Ontario.*
Kate M. Goss, *Ohio.*
Mrs. L. P. Griffiths, "
L. G. Grister, "
J. H. Jackson, *Ohio.*
J. Kemberling, "
Jno. A. McGill, *Ontario.*
Henry L. Obetz, *Ill.*
A. L. Olmstead, *Wis.*
M. T. Runnels, *Ind.*
L. P. Sturtevant, *Penn.*
O. R. Shannon, "
Charles E. Smith, *Mich.*
E. H. Way, *Ohio.*
Kate Shepardson, *Mich.*
J. H. Whitehead, *Ohio.*
N. E. Wright, "
J. H. Young, *N. Y.*
E. B. Nash, "
* Elizabeth A. Davis, *Penn.*

*Deceased.

The *Ad Eundem* degree was conferred upon F. F. TABOR, M. D., of Georgia.

The President delivered a few appropriate remarks upon the death of Miss ELIZABETH A. DAVIS, one of the lady members of the Graduating Class, after which he read the following preamble and resolutions, from the minutes of a meeting of the Faculty and Board of Trustees:—

Whereas, By Divine permission, Miss ELIZABETH A. DAVIS, a student of this College for the two consecutive years 1871-2 and 1873-4, has recently died, her decease taking place on the 21st ultimo, in the city of Pittsburg, Penn., after a brief illness,

Whereas, During these two years of College life she was studious and diligent, faithful and faultless, and in all her examinations eminently successful, and only lacking in the time of study to answer fully all the requirements of graduation, and

Whereas, We are assured that it was her glad expectation and cherished purpose to join in the Commencement Exercises, and to receive the degree of Doctor of Medicine,

The Trustees have conferred on her name this degree, and in witness whereof, have caused to be executed a Diploma bearing her name, and would request its acceptance by her nearest of kin.

The Faculty would express by these minutes their high appreciation of her exemplary Christian character, her excellent professional attainments, their sorrow at her seeming untimely end, their sense of the loss which the College and the profession, alike have sustained, and their profound and tender sympathy with her only sister, and the only surviving member of her family.

Prof. G. J. Jones then delivered the Valedictory Address.

The large list of prizes was then distributed to the deserving contestants, by members of the Faculty and Board as follows :—

English Scholarship—$50 in fees, to E. D. Shaw, Ohio—presented by the President, George Willey, Esq.
First "Baldwin"—Best Final Papers—$25 in instruments, to P. M. Cowles, Ohio.
Second do for same—$15 in instru. or in books—Kate M. Goss, Ohio.
Third do for same—$16 do do H. S. Obetz, Illinois—presented by Prof. A. O. Blair.
First Clinical Reports—One Scholarship—S. S. Black, Indiana.
Second do do One Graduation Fee—E. R. Eggleston, Ohio.
Third do do Baehr's Therapeutics—E. C. Buell, Ohio.
Fourth do do Raue's Pathology—B. F. Williamson, N.York. presented by Prof. G. O. Spencer.
Anatomical—best Dried Specimen—$30, W. A. Egbert, Ohio—presented by Prof. G. S. Jones.
Materia Medica—Massey Prize—$30, in instruments or books—G. B. Durand, Wisconsin—presented by S. S. Massey, M. D., Sandusky.
Obstetrics—$50 set of obstetrical instruments, L. G. Griste, Ohio—presented by Prof. J. C. Saunders.
Essay on Diseases and Injuries of the Joints—$40, books and instruments, J. C. Campbell, Ohio—presented by Prof. C. H. VonTagen.

The Faculty of the College consists of the following named gentlemen:

Jehu Brainerd, M. D., *Emeritus Professor of Chem. and Toxicology.*
Geo. W. Barnes, M. D., *Emeritus Professor of Materia Medica.*
A. O. Blair, M. D., *Prof. of Theory and Practice.*
John C. Saunders, A. M., M. D., *Prof. of Obstetrics.*
N. Schneider, M. D., *Prof. of Surgery.*
H. F. Biggar, M. D., *Prof. of Clinical Surgery.*
H. H. Baxter, M. D., *Prof. of Materia Medica.*
S. A. Boynton, M. D., *Prof. of Physiology.*
G. J. Jones, M. D., *Prof. of Anatomy.*
C. H. VonTagen, M. D.. *Prof. of Ophthalmology aad Otology.*
E. R. Taylor, S. R., *Prof. of Chemistry and Toxicology.*
G. O. Spence, M. D., *Prof. of Gynæcology.*
G. M. Barber, A. M., *Lecturer on Medical Jurisprudence.*
H. L. Obetz, M. D., *Demonstrator of Anatomy.*
H. B. VanNorman, M. D., *Lecturer on Hygiene, Librarian, and Curator of the Museum.*

N. Schneider, - - *Dean.*
H. H. Baxter, - - *Recording Registrar.*
C. H. VonTagen, - - *Corresponding Registrar.*

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA

The Annual Commencement took place March 10th, 1874.

The Valedictory was delivered by John C. Morgan, M. D., Professor of Surgery.

GRADUATES.

William N. Bahrenburg,	St. Louis,	Missouri.
William R. Baynum,	Dexter.	Maine.
Elmer P. Blinn,	Sparta,	Ohio.
Walter D. Clift,	Sassafras,	Maryland.
Gates S. Comstock, B. P.,	Hamilton,	New York.
Robert W. B. Cornelius,	Camden,	New Jersey.
Adolph O. Engel,	Berlin,	Prussia,
Malarious B. Fegeley,	Pottstown,	Pennsylvania.
Gustavus H. Fuerbringer,A.M.,	Saginaw,	Michigan.
Edwin A. Hambright,	Philadelphia,	Pennsylvania.
Louis G. Hatch,	Minneapolis,	Minnesota.
James R. Humes,	Tarentum,	Pennsylvania.
Henry Hutchinson,	Northfield,	Minnesota.
Charles W. Karsner, M. D.,	Philadelphia,	Pennsylvania.
John D. Keller,	Hetricks,	“
Willam B. Kenyon,	Buffalo,	New York.
William H. H. Kern,	McKeesport,	Pennsylvania.
Edmund W. Kirby,	Philadelphia,	“
William F. Kistler,	Kutztown,	“
James P. Mills, M. D.,	Chicago,	Illinois.
John J. Peckham,	Easton,	New York.
Stephen Y. Rush,	Philadelphia,	Pennsylvania.
Everett W. Rutter,	Bloomsburg,	“
Ben. Byram Stewart, M. D.,	New Albany,	Indiana.
J. Shotwell Townsend,	Baltimore,	Maryland.
Christopher Van Artsdalen, Jr.,	Feasterville,	Pennsylvania.
Albert Wright,	Philadelphia,	“

Total, 27.

AMERICAN INSTITUTE—BUREAU OF DISEASES OF CHILDREN.—*Mr. Editor*—Will you please to call the attention of your many readers to the fact, that this bureau has selected the following subject for discussion at the next meeting of the Institute, viz :—

Cholera Infantum: its Nature, Causes and Treatment.

This new bureau is very desirous of obtaining the views and experience of your readers residing in the various parts of America and Canada.

T. C. Duncan, M. D, 287 W. Randolph st., Chicago; F. R. McManus, M. D., 98 Saratoga st., Baltimore; Emma Scott, M. D., 51 W 32nd st. New York; C. A. Nibeling, M. D., St. Louis, Mo.; Henry Noah Martin, M. D., 500 W. 18th st., Philadelphia; N. R. Morse, M. D., Salem, Mass.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Thirty-first Anniversary and Twenty-seventh Session.

The Twenty-seventh Session of the American Institute of Homœopathy will be held at the *International Hotel*, NIAGARA FALLS, N. Y., commencing *Tuesday, June 9th, 1874*, and continuing four days. The "*Preliminary Meeting*," will be held on the evening of Monday, June 8th, at the same place.

Reports and papers will be received from the following bureaus on the subjects indicated :—

BUREAU OF MATERIA MEDICA. etc., T F Allen, M D, Chairman, 3 East 33rd street, N York.
Subjects. 1. Provings of Calabar Bean. 2. Verifications of Lilium Tigrinum. 3. The Significance of Primary and Secondary Symptoms.

Bureau of Clinical Medicine. L E Ober, M D, Chairman, La Crosse, Wisconsin.
Subject. Meningitis Cerebro-Spinalis.

Bureau of Obstetrics. J C Sanders, M D, Chairman, Cleveland, Ohio.
Subject. Puerperal Fever.

Bureau of Gynæcology. S R Beckwith, Chairman, M D, Cincinnati. Ohio.
Subject. Uterine Hæmorrhage.

Bureau of Pædology. T C Duncan, M D, Chairman, 287 West Randolph street, Chicago, Ill.
Subject. Cholera Infantum.

Bureau of Surgery. E C Franklin, M D, Chairman, 1402 Olive street, St. Louis, Missouri.
Subject. Fractures and Dislocations.

Bureau of Anatomy, Physiology and Hygiene. J D Buck, M D, Chairman, Cincinnati, O.
Subject. The Functions and Disorders of the Lymphatics.

Bureau of Organization, Registration and Statistics. T S Hoyne, M D, Chairman, 817 Wabash avenue, Chicago, Illinois.
Full Reports from all Homœopathic Medical Societies, Institutions and other organizations are requested, that a complete report may be made to the Institute.

Bureau of Psychological Medicine. G W Swazey, M D, Chairman, Springfield, Mass.
1. Psychological Diseases in Relation to Homœopathy, by Dr J H P Frost. 2. Hospitals for the Insane, their Organization and Management, by Dr. S Worcester. 3. Influence of the Mind in the Cure of Disease, by Dr T L Brown. 4. Psychical Nosology, by Dr Geo F Foote. 5. Popular Psychology, by Dr G W Swazey.

Bureau of Ophthalmology and Otology. M Macfarlan, M D, Chairman, 1721 Chestnut street, Philadelphia.
Subjects. 1. Cataract. 2. Catarrhal Inflammation of the Middle Ear.

Bureau of Medical Literature. S Lilienthal, M D, Chairman, 230 West 25th st., New York.
A full report on this subject will be presented.

Papers are solicited from members by the various bureaus, especially on the subjects selected. Papers on other subjects are likewise solicited. All papers should be placed in the hands of the chairmen of bureaus, prior to the meeting ; or they may be sent to the General Secretary.

In addition to the reports of the bureaus, the following committees will render reports :—Committee on Foreign Correspondence ; Committee on Colleges ; Committee on Homoeopathic Dispensatory ; Committee on Legislation ; Committee on Climatology. There will also be presented a Necrological Report.

The Executive Committee of the Institute have reason to believe that this forthcoming meeting will be memorable as in every way one of the best and most profitable meetings of the organization. It is expected that the attendance will be very large.

Applications for membership may be had by addressing the General Secretary.

At the time of the meeting the principal rail roads will be selling "Excursion Tickets" to Niagara Falls at reduced rates. The board at the International Hotel will be $3.00 per diem ;—a reduction of $1.50 per day in favor of members and those accompanying them. All other expenses have by special arrangement been proportionately reduced.

The General Secretary will issue a circular on or about the 10th of May, which will contain further particulars.

ROBT. J. McCLATCHEY, *General Secretary*, 918 N. Tenth street, Philadelphia.

36--May 1874.

PULTE MEDICAL COLLEGE, CINCINNATI; OHIO.

The Second Annnual Commencement occurred Thursday, Feb. 12th—a large audience gathered in Hopkins Hall. The Dean, Prof. Beckwith, presided. Prayer was offered by Rev. Mr. Beecher. Prof. Buck then gave an address.

Hon. Bellamy Storer then addressed the graduating class, and conferred the degree of Doctor of Medicine upon the following

GRADUATES.

Ewell Ford, Indiana.
A. H. Mahaffey, Ohio.
J. J. Marvin, Ohio.
C. B. Gatchell, Wisconsin.
F. W. Stillwell, New York.
C. F. Wymond, Indiana.
S. F. Edgar, Ohio.
R. N. Sheldon, Ohio.
M. H. Phister, Kentucky.
E. W. Crooks, West Virginia.
A. C. Recker, Ohio.
A. V. Williams, Ohio.
C. S. Williams, "
C. E. Walton, "
E. Webster, "

O. W. Lounsbury, M. D., *ad eundem*, Ohio.

C. E. Walton then delivered a valedictory address in behalf of the class.

In the absence of Prof. Pulte, the President of the Hahnemann Society, Prof. Wilson delivered the Diplomas.

INDIANA INSTITUTE OF HOMŒOPATHY.—The Annual Meeting wil be held at the Congregational church, Indianapolis, on Wednesday and Thursday, 13th and 14th May, 1874, commencing Wednesday, at 2 P. M. Reports will be presented by the several Bureaus appointed at the last Semi-Annual meeting. Members of the profession in all parts of the State are earnestly and cordially invited to be present, and to aid in rendering the meeting interesting and instructive. by communicating reports of clinical cases, histories of epidemics,records of provings, and papers on any subject related to Medical Science. Physicians and their ladies, will be, during their stay in the city, the guests of the resident physicians and the friends of Homœopathy in general ; everything will be done in our power to render the meeting interesting and entertaining. W. Eggert, M. D., Rec. and Cor. Secretary.

SOCIETY OF HOMŒOPATHIC PHYSICIANS OF IOWA.—The Fifth Annual Meeting will be held in the City of Fairfield, on Wednesday and Thursday, May 20th and 21st, 1874. The meeting will be pleasant and profitable, both sociably and intellectually. Dr. Dickinson, of DesMoines will deliver the annual public oration, and contributions from many physicians are expected.

Reviews, Book Notices, &c.

THE ENCYCLOPÆDIA OF MATERIA MEDICA.

The publication of the pathogenesis of *Aconitum napellus* and the reception which this specimen of the projected work has had from the school in America, suggest the necessity for a few plain words.

A *criticism* of Dr. Allen's sample has not yet appeared—"the oracles are dumb," but whether from admiration or disdain, we must now inquire.

Why this silence on the part of those who are competent to express judgment? Is this, the initial remedy, so handled as to evoke only a disdainful silence? Most assuredly not, for the critic-quill is never idle when the happy occasion offers, and if this Aconite job had only afforded such an occasion, Dr. Allen would ere this have been as full of arrows, as was the unlucky *corpus* of St. Sebastian!

Are the critics hushed by admiration? We know not; we are only sure that honest and intelligent criticism would entail upon the critic as exhaustive a study of the literature of Aconite, as the Editor in this instance has made, and not the first mother's son of them has yet *done* such a study. Hence, most undoubtedly, the splendid consistency of their equally splendid silence. Even if he never pens another line, Dr. Allen can go into history as *the* man who hermetically sealed the many-mouthed Cerberus of criticism; an honor second only to that of completing a work so nobly began.

Happy, indeed, were the writer, could this silence be explained only in a manner so complimentary to Dr. Allen, but, as we intend to "state but the facts," we cannot be the "truthful James" that we are, and omit to declare that a *nominis umbra* is one reason for it, and a wide-spread and chronic "cussedness" the other.

Among many of the oldest, the soundest, and the best of our American practitioners, there is a seemingly ingrained conviction, that in accordance with the eternal fitness of things, the editing of such a work as Dr. Allen essays to supply should be done by only the justly honored "C. Hg."

This paralyzing conviction is a grateful, yes, a beautiful recognition of Hering's life-long services in the field of Materia Medica; and the writer will show his appreciation of those services as loyally as any of his betters whenever Dr. Hering announces his edition of the Homœopathic Materia Medica. More than this no poor man can do; other than this no true man may do.

Why Dr. Hering has not brought out an edition; why such a work is not announced by him, are questions with which we have nothing to do. We are concerned only by the crying need which long has been, and now IS, for this is the very gospel—the bread of life—of our faith. We were never of those who found one hunger-pang assauged by thinking of the bursting plentitude of some wealthy neighbor's barn; and when the famine cry has smote our ear, we have felt that this hoarded grain should be ground at once, and dealt out freely in the name of Him whose sunshine and rain made it grow. We write this to accuse no one; we only know that a famine is and long has been upon us, and we feel that if the feeding of the hungry may not be a matter of choice, it must not be one of favor,and that he who essays to do it,be he who he may should have his hands held up, and his heart warmed in the work, by every one's earnest "God speed you!"

Will our science languish and our art falter, if we are fed upon such food as is proffered in this pathogenesis of Aconite?

Before to-day, and more than once, Hering has essayed to feed this hunger. Oh, why was, why *is* his golden grain unground? In the *American Journal of Homœopathic Materia Medica* for four years, ours was not the only heart gladdened by the "Song of the Mill." In the *Hahnemannian Monthly* the same soul-cheering song was continued, and we all held our porringers for the precious meal, and month after month came, like little Oliver Twist asking for "more;" and all at once a nasty, dry, hard root of *Phytolacca.* choked the hopper, and the grinding ceased.

There was not as much sunshine in our little office when that last sheet of *Phytolacca* was read ; and with a reverential deference for the honest hand that penned it, we must say, that we did, and do, and shall regard that step as a mistake. No other "work" can ever make "superfluous" that which is done by the "Grey old man of Philadelphia," who checkmated the "Red man of Paris." No lover of the truth would, and no one desiring "the real progress of our cause" could,ask such a "sacrifice" at his hands.

Hering ceased because his modesty is commensurate with his genius.

He also feared to "burden our colleagues with more expenses"—thinking, justly enough, that those who had failed to sustain one projected edition, would not extend their patronage to two.

This is the meanest chapter in the history of American Homœopathy, and it brings us face to face with the *chronic 'cussedness'* of which we have previously made mention. We can get the best conception of this particular 'cussedness' from a paragraph which lately appeared in the Materia Medica department of the most energetic of the homœopathic monthlies. Referring to the Hering and to the Allen Materia Medica, this monthly said : "We presume it is of little consequence to the mass of the profession what these works contain."

What does it *mean* if it be true, that "it is of little consequence to the mass of the profession what these works contain ;" does it indicate progress on the part of the *mass ;* does it denote their possession of some "better way" than the old time symptom-studying plan which enabled Hahnemann single-handed and alone to revolutionize the art of healing ?

If *vox Populi* were never *vox Diaboli*, perhaps it would be well for both Hering and Allen to wait until this "mass" should "express a preference," but the truth is, that only for the indolent indifference of this very "mass," the work that Allen now seeks to do would long since have been done by Hering.

Darwin says, that at some period in the future, the human race will become edentulous. We are disposed to think this melancholy change has already began, and we deduce our opinion from the fact, that to-day the best-selling books with the "mass of the profession" are those wherein some good therapeutist has so chewed and insalivated the material that they need only swallow. Verily, we must at once set some good Materia Medica mill a-going and feed the "mass" on super-phosphated flour for the benefit of not only their teeth.

How far is this indifference of the "mass" due to the fact, that every individual of it could not have been a close and earnest student of Materia Medica simply because the literature therefor was not, and as yet is not to be had? The question is worthy of consideration, because if our Colleges have done their duty, and we do not impugn them, there must be a scarcity of Materia Medica literature to account for this disregard for the only means by which our art can be rightly exercised and Homœopathy fully and properly practised. If we had had a complete and easily obtainable Materia Medica would there have been so marked a demand for the poor *succedanea* of Hering's and Hoyne's "cards" and Burt's "characteristics?" We think not, because it is n't human nature to feed upon crumbs if a whole loaf can be gotten.

What then shall be done for the students of to-day and to-morrow? Shall our Professors continue to emphasize the need for precise observation, and for a corresponding precision in the selection of the remedy, while at the same the student cannot obtain the literature necessary for so precise a drug selection? The truth is, that if College teachings, in all that pertains to Homœopathy, are to be more than sounding brass (no reflections intended) or tinkling cymbals—a *complete* Materia Medica *must* be forthcoming.

That the pure and simple practice of Homœopathy is becoming more and more rare from year to year, is only too true. The temptations to generalize rather than specialize are many; the seducing facility with which the first is accomplished; and the ease with which pain is lulled by narcotics, are debasing numbers year after year; and when a young doctor has once began to pilfer from "the flesh-pots of Egypt," *facilis decensus Averni*, &c.

The common instinct of self-preservation, should lead us to give our heartiest support to the procuring of a new and complete edition of our Materia Medica. We should be ready to sink our personal differences of opinion for the common good. We should support a proffered *complete* edition, let it come from whence it may.

If Dr. Allen's work is not the thing, let those whose opinions have weight say so *now*. If it it is a poor thing and an unreliable thing, they owe it to the school to condemn it; if it is a good, the best interests of the school demand for it their earnest approval, and their heartiest support.

Some of the best minds in our school advocate a liberal pruning of the redundancies of our Materia Medica. Well, such a work as Dr. Allen will supply, will facilitate this pruning, because *a complete collection of all that is known must be made, before the pruning-job can be intelligently performed.*— All that Dr. Allen is enabled to do in the way of collecting material, must be done by some one at sometime, and the present work will well pay for itself to the school, if it should give it only a good bibliography of our Materia Medica.

Both duty and self interest combine to urge the claims of this work to an earnest support upon the serious consideration of every practitioner who has the present and future prosperity of Homœopathy at heart. S. A. JONES.

Dr. T. S. Verdi's Report

As Special Sanitary Commissioner to European Cities.

A valuable brochure which should have been noticed before. The subjects upon which information was obtained by Dr. V. in Europe, are: Gas; human excreta; garbage; ashes; unwholesome meat and slaughter-houses; unhealthy habitations; mortuary and disinfecting buildings;— public bath-houses; public wash-houses. To Dr. V.'s report was added 150 documents for the use of the Board of Health. Many of Dr. Verdi's suggestions and recommendations are wise and practicable, and will doubtless be acted upon as they deserve.

Galvano-Therapeutics:

A revised reprint of a Report made to the Illinois State Medical Society, 1873. Philadelphia, Lindsay & Blakiston.

A cloth-bound octavo of 63 pages, with index, and illustrated with wood cuts. The author says:—

"In republishing the following Report, the writer is endeavoring to contribute something to the general fund of information, in exchange for what he is constantly deriving from other laborers in the same field. The essay is thus to be regarded as of temporary utility, like the clover which the farmer turns under, in order to enrich his field for the production of a final crop, which, once in the granary, will have an element of permanence. Anything like a text-book on this subject, is at present out of the question. Such advances are making, that stereotyping present knowledge would embarrass the introduction of new and better views."

Lectures on the Clinical Uses of Electricity:

Delivered in University College Hospital, by J. Russell Reynolds, M.D., F. R. S.—2nd edition—Philadelphia, Lindsay & Blakiston, 1874.

These lectures were originally printed in the "Lancet," subsequently they underwent careful revision, and have been now again corrected and printed in a neat small octavo of 118 pages, with cloth binding at $1,25.—The author has avoided controverted points, and presented in a lucid manner the acknowledged facts in relation to the clinical uses of electricity.

The Physician's Dose and Symptom Book:

Containing doses and uses of all the principal articles of the Materia Medica and officinal preparations, also tables, &c.—by Joseph H. Wythes, A. M.—Philadelphia, Lindsay & Blakiston, 1874.

An 18mo, cloth bound, neatly printed manual of 236 pages. This 11th edition has been carefully revised and compared with the new U. S. Dispensatory, and embraces brief references to recent additions to the Materia Medica.

The Sanitarian:

A monthly journal—A. N. Bell, M. D., Editor—A. S. Barnes & Co., N. Y, and Chicago.

The best of the Hygienic journals. It becomes more and more interesting with every issue, and we trust it will receive the hearty support it merits. The March No. closed the first volume of 576 pages. The April and May numbers are excellent.

Life's Mystery:

Philadelphia—Henry Longstreth, 1314 Chesnut street, 1873.

A reprint of 16 pages of Old Fashioned Ethics and Common Sense Metaphysics, by Thomas Thornton. This is accompanied by Auxiliary Hints, four pages, anonymous, wherein it is easy to discover noble aspirations and true philosophy.

Remember Me—or Holy Communion:

By Dr. Ray Palmer—New York, A. S. Barnes & Co., 104 pp, red edges Post paid $1,50.

That the author of the hymn—

"My faith looks up to Thee," &c.,

should be competent to the task of preparing a useful manual on this subject might be expected, and those who peruse it will find many passages which are as poetically beautiful as they are strictly scriptural.

The title is neither worthy the book or the subject. There is more than doubtful propriety in transferring the common parlances of the world to the most sacred things of religion. "*Remember me*" is the commonest motto now used with the most trifling presents. These words were not used by the Savior—they were the language of the thief on the cross.—They do not represent the design of the Lord's Supper. That is threefold: 1. A Memorial. 2. A Communion. 3. A Proclamation.

The Twelve Minor Prophets—The Book of Revelation.

Published by Messrs. Scribner & Co., 654 Broadway, New York.

The publication of Revelation completes Lange's Commentary on the New Testament, a series of ten volumes—and the book on the Minor Prophets, is the seventh of the old, making in all 17 volumes of this the greatest Bible work of the age. Nothing so elaborate or exhaustive has ever been attempted before, and Bible students generally, as well as the preachers of all parties will ever prize it. The completion of the Old Testament will be looked for with pleasant anticipations.

The Work of the Spirit:

Or Doctrinal and Practical Meditations of the Nature and Work of the Holy Ghost. By the Rev. Samuel Cutler, American Tract Society, Boston. 1873.

Printed by the Riverside Press, Cambridge, Mass.,in their superb style, tinted paper, black ink, crimson line rule, cloth binding and gilt edges.—The matter thus tastefully adorned is very good, with only here and there a sentence that might be criticised.

The Bible Commentary—(Speaker's Commentary.)

Messrs. Scribner, Armstrong & Co., Publishers, 654 Broadway, New York.

Four volumes have been issued. The first embraces the Pentateuch; the second and third, the Historical books; the fourth, the Poetical books. This work is not so elaborate or exhaustive as that of Lange, but it is very much more readable to the generality of English speaking students.

The Christian at Work.

Since the accession of *Horatio C. King* as Publisher, the *Christian at Work* has been much enlarged and improved, and now offers a still greater variety of religious and literary articles, church and secular news, stories for children, etc. The editorials and regular weekly sermons of *T. DeWitt Talmage*, the special contributions of *Spurgeon* and *Bonar*, are special features of this excellent periodical. The terms are $3 per annum. The chromos which are given with this journal are referred to in our Jan. No. as worthy of commendation, and we are glad to find that they are now furnished at reduced rates.

Sermons by Rev. Henry Norman Hudson.

Boston—Ginn Bros., 4 Beacon street, 1874.

Twenty-five discourses on practical topics, handled in a somewhat novel manner. They are generally forcible and instructive, with occasional passages that are peculiarly pithy.

Lessons in Language:

An Introduction to the study of English Grammar. by Hiram Hadley—Chicago, Hadley Bros.

"Designed for children"—so says the title page, and loving the children we are glad that such lesson books are prepared for their use. The old methods of teaching grammar are very artificial and tiresome, and every attempt at a natural and interesting method should be welcomed with pleasure.

Received.

We acknowledge the receipt of the following:—

Notes on Electro-Surgery, with Cases and Operations, by Edmund A. Murphy, M. D., New Orleans.

Apoplexy and Disease by same Author.

Annual Report of Inspectors of the State Prison of the State of Michigan, 1873.

Transactions of the Society of the Homœopathic Physicians of Iowa, May 14th and 15th, 1873.

CHEMICAL EXAMINATION OF URINE.—We direct attention of physicians to the advertisement of our colleague, Dr. Delamater, which will be found in the advertising sheet of this number.

SANITARIUM, BUCKS CO., KY.—Dr. J. G. Hunt offers a part of this institution, possessing very valuable curative springs, for sale. See our advertising columns of the present number.

ASSISTANT WANTED—STUDENT WANTED.—For addresses, &c., see advertisements end of this number.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

A DOCTOR'S DIFFICULTIES.

INTRODUCTION.

Dear Doctor,—Thinking it possible that you may deem the following correspondence, (including part of a letter from a physician of ability, who trains in other ranks) and my entire reply, worth republishing, by way of variety, in the *Observer*, I forward it for your inspection and judgment.

Respectfully yours, H. P. G.

"We say we cure a given case of disease. How gross the presumption. Take four cases of Pneumonia, perfect types of the disease, so far as human skill can judge. To No. 1 you send in the "Regular" of twenty or thirty years ago. He blisters, bleeds, cups, mercurializes and doses with antimony; and the patient survives. It has been a severe case and all the friends hug the old allopath as the savior of the sick one.

No. 2 is given to the Thompsonian, who says—"heat is life, and cold is death," and consequently steams and "pukes" his patient into convalescence, and is in turn deemed a most wonderfully scientific man. He has cured his patient.

No. 3 is intrusted to the Eclectic, who gives his Aconite, Veratrum, etc.; and out comes his patient safe and well; and lookers on say it is a most remarkable cure.

No. 4 is given to the Homœopathic savan; his patient makes a speedy recovery, and the doctor records a cure.

No. 5 is a hearty, robust man out on the frontier, away from medical care. He is taken down with the same disease, and nature unaided triumphs over it.

Query:—Is it not nature that *always cures*, and the less interfered with the better she works? Does she not only overcome the disease but sweep out the medicine, conquering both, and doing her own work up like a competent little lady roused into action by the presence of intruders?

Each *pathy* claims to *treat* and *cure* on scientific principles; when the principles are opposite and the remedies widely different in their action, how can they claim it, all agreeing that the causes of the disease are the same? When the case dies is it not because the disease, backed up by useless medicine, has been too much for already exhausted life forces to cast it out? In a few cases we doctors blunder into good, but far more frequently wallow with surprising impudence in evil treatment that never aids, but usually destroys the sources of vitality.

I think it were better for the world if there was nothing but surgery practiced and a harmless remedy ordered for those idiots who are bound to dose themselves. Nature let alone, unwearied by injudicious diet, and aided by common sense hygiene, is the best physician that I have yet become acquainted with.

I have seen so many sorry dogs whose ignorance was hidden beneath the gauze of a gabby tongue and the title of M. D., filch from dame Nature her honest, well won laurels, and boast a cure of some intricate case, to which they had given colored water, that I feel when I enter the chamber of a patient that is dangerously ill, that I am an interloper, whose conscience prompts retreat, and urges me to tell the surrounding friends "Nature is the doctor, I will leave her here, please send me my fee."

I have wandered sadly from what I meant to write—viz: honest admiration for the ability and research your article displays, and unconsciously let out the feelings of a disappointed man, who put the cup to his thirsty lips and found a little drop of pure, clear wine, and then a mess of dregs, drawn from the vat of speculation. I have but one question to ask, although there are things you believe that I cannot, yet I am powerless to dispute by facts; and the world is moss-grown with theories, so I will not add to them.

On page 278 you say—"One would think that practitioners might reason far enough to perceive that a reduction of the dose would be sufficient to secure relief without aggravation."

I agree with you in the reduction of the dose, but will practice and its results warrant its being infinitesimal. I have had cases of scaly skin disease which had baffled for years homœopathic treatment of the high potencies of Arsenic, that had yielded, in a few weeks under my care, to Fowler's solution in three drop doses combined with tonics. Here was reduced dose working "a cure," in which the minuter dose had failed, and in which a larger dose would have been poisonous.

Nature is verily a strange operator; her ways are almost past finding out, and when we try to bind her down with laws, she breaks the bonds, and laughingly leaps over them.

I seriously contemplate giving up the profession. ———.

REPLY.

APRIL 11th, 1874.

Dear Doctor,—I appreciate the sadness which affects one in view of the vast unknown. But at the same time, we should not forget how much has been accomplished or that science is mainly of modern creation—mostly of the last hundred, and notably of the last fifty years. Indeed it is developing with an ever increasing ratio.

And among the marvelous developments of modern science I am compelled to regard the Homœopathic Materia Medica, including its therapeutical laws. But though my aim in the series of articles, one of which I submitted to your consideration—was only to attempt to point out some relations of force to Homœopathy. I have never regarded Homœopathy as the all of therapeutics. Though it is certainly all that includes any well defined law of administration of remedies. This is apparent from the fact that no other school of medicine claims to have any law—their practice being purely empirical.

Two great merits which you will readily recognize in Homœopathy are precision and safety.

As to the cases of the skin diseases to which you allude, I have no definite opinion to offer.

It is well known in the homœopathic ranks, that the lower attenuations sometimes succeed, while higher fail, as well as the reverse. Nor have homœopathists yet been able to explain why the low succeed in one case, and the high in another.

Again it may be that the presence of the Potash had something to do with the cure. Potash is by no means a neutral substance, but is, on the other hand, a powerful drug, and one that specifically affects the skin ; so that I am at a loss to know that whether you succeeded in the cases because you used a lower attenuation, or because of specific action of the Potash, or because the Potash determined the action of the Arsenic to the skin.

Bernard having shown that a substance non-absorbable may be rendered so by union with an absorbable, by parity of reasoning, a substance not having affinity, or having less affinity for a part may be carried to or deposited in the part by union with another having a greater affinity.

As to cures by nature, remedies are a part of nature as much as the system itself. Their existence in nature being recognized by animals themselves. The cat seeks her mint, the ox its phytolacca, and the wild graminivora the salt-licks. There may be too, many other similar instincts, as yet unobserved, among wild animals. Indeed, I have read of others.

As to cures being accomplished by medicinal agents, your statement of what you have effected with Fowler's solution is conclusive.

It is necessary also to admit—either that the "old practice" kills, or that Homœopathy cures. Hospital statistics, the comparative results of life-insurance of the advocates of the new methods and the old, together with the comparative mortality (carefully collated) in some of our principal cities, attending the two methods in general practice, prove this beyond a reasonable doubt.

But we do not need to let the question rest upon the two horns of the dilemma stated. There is conclusive evidence that Homœopathy does cure. Not to weary you with a multiplicity of cases, consider what occurred in the New York Half-Orphan Asylum. I write from memory, but with confidence that I do not err as to the essential facts, however I may as to some of the details.

A contagious ophthalmia occurred in this asylum, which the attending physic an treated unsuccessfully. An oculist of reputation then tried with no better success. He failing, the children were distributed around on farms in New Jersey during the summer, for the sake of country air and diet. They returned to the city in the fall, improved in health, but with not a case of ophthalmia convalescent.

At the suggestion of the matron, a homœopathic physician, the late Dr. Holt was then called in; under whose treatment, and that with high attenuations, the disease soon disappeared.

Now we have in this case, neither the ready resort of the superficial, faith, nor any hygienic means to account for the result.

The only resource of the skeptical is to relegate it to that very comprehensive chapter—the chapter of accidents. If it were a solitary experience of the kind, we might consign it to that limbo; but such experience has become immense.

And while I do not deny that cures as well as deaths are wrought by massive and non-homœopathic doses, empirically administered, I insist upon it, that if anything in nature is proved, it is that infinitesimal doses, homœopathically administered, are capable of curing disease.

As to recovery of different persons affected with similar disease, under the various modes of treatment, which you mention—Homœopathic, "Old School," Eclectic, and no-treatment, no doubt it occurs as stated by you, and it goes to confirm other experience, that the human system can stand a great deal of hard usage.

I came to the conclusion years ago, that ordinary *acute* diseases, mild and grave, such as a physician in general practice is daily prescribing for, are capable of spontaneous recovery, in the proportion of about ninety-eight per cent. But so long as the patient does not know whether his case will illustrate the ninety-eight or the *two* per cent. he will be apt to call in the doctor. Besides, the physician may do much toward mitigating the severity, and in most cases toward shortening the course of the disease.

The doctor, therefore, is and unfortunately, must long continue to be a necessity in human affairs.

Hoping that you may be led to apply your active intellect to the investigation of Homœopathy, I remain,

Very truly yours, H. P. GATCHELL.

P. S.—There is another consideration in regard to apparent cures with Fowler's solution, in cases which homœopathists failed to reach with infinitesimal doses of Arsenic. May it not be the skin disease was indirectly suppressed by some internal irritation induced by the solution? It is well known that external manifestations of a chronic affection may disappear under the influence of a more acute internal disease.

Was the health of the patient as good after the diappearance of the eruption?

In direct suppression of external disease one witnesses various sequels. Thus, a suppressed nasal catarrh may be succeeded by a persistent headache, or by a cough, continuing till a restoration of the nasal discharge.

May there not be also cases of suppression with a real tho' slight and not well defined deterioration of health? Such a sequel may be due to vigor of constitution, to absence of intensity of the disease, or possibly to diffusion through the system, with a slight lowering of the general tone of health.

It is not uncommon for patients to say—"I am entirely well all but this eruption, never felt better in my life." This too, in some cases when no noticeable disease had before existed,where there had been nothing to call for the intervention of a physician,and yet the patient is conscious since the appearance of the eruption of feeling somewhat better than usual, and this occurs too when the eruption is not intense and when it is limited to a small area.

Now let us reverse this. Let such an eruption be suppressed—no marked disturbance of the health ensues—the absence of that sense of well-being which existed while the eruption was on the surface, is not associated with its disappearance by either patient or physician, and yet it is a consequence of the suppression.

I suspect that many so called cures are of this sort.

[For the American Observer.]

CLIMATIC INFLUENCES, ETC.

To the Members of the Profession :—

For the benefit of Medical Science, I am making observations on the influences that atmospheric changes and the difference in climate produce on health and the various diseases.

Can you find time to keep a record for this object? If so, note down each day the special *symptoms*, class of symptoms or *diseases*, you find most prevalent, and those that are aggravated, and then give also the conditions of the weather on that day.

It would be well to state what kind of invalids improve, when you find a number improving all at one time.

In other words, I wish to make a *"Proving" of Climate and Weather*—the symptoms produced, aggravated or relieved.

In order that I may make my observations general and available for the country and profession at large, please send to me, on the first of each month the record you have kept, whether partial or complete.

To keep a record: take a page of foolscap paper, rule a line an inch from the left hand edge (for a margin)—then put your dates to the right of this line, and these and any other observations on this subject, directly after the date. Put the year and the month at the top of the pages.

(Philadelphians need not note the weather.)

I hope you will feel interest enough on the subject to keep such a record as it will be for the general good of mankind.

Yours very truly, BUSHROD W. JAMES, N. E. corner 18th and Green streets, Philadelphia.

NEBRASKA STATE HOMŒOPATHIC ASSOCIATION.—The regular Annual Meeting convenes in Omaha, on Tuesday morning, May 19th, 1874.—The profession are cordially invited to participate. A. C. COWPERTHWAIT Secretary.

HOMŒOPATHIC STATE SOCIETY OF OHIO, will hold it Annual Session at Springfield, Ohio, on Tuesday, Wednesday and Thursday, May 12th, 13th and 14th, 1874.

REMOVALS.

BLAIR—Dr P. G. Blair, from Columbus, Ohio, to Burr Oak Farm, Illinois.

CRANK—Dr C. D. Crank, from Knoxville, Tennessee, to Cincinnati, Ohio.

FUSCH—Dr Charles Fusch, from Derby, Iowa, to Lincoln. Illinois.

GERRIE—Dr James Gerrie, from Chicago to Quincy, Illinois.

HOCKING—Dr W. F. Hocking, from Cleveland, Ohio, to Newcastle, Pennsylvania,

KNAPP—Dr W. T. Knapp, from Delphi, Indiana, to Centreville, Michigan.

MERA—Dr H. P. Mera, from Rochester, New York, to Pottsville, Pennsylvania.

POND—Dr J. W. Pond, from Rouseville, Pennsylvania, to Jamestown, New York.

RUDEN—Dr C. Ruden, from Plainfield to Beecher, Illinois.

SPARHAWK—Dr S. H. Sparhawk, from Rochester to Gaysville, Vermont.

SCHNEIDER—Dr. J. Schneider from Marion to Berea, Ohio.

Obstetrical Observations.

W. C. RICHARDSON, M. D., ST. LOUIS, Mo., EDITOR.

POST PARTUM HÆMORRHAGE.

There is to the practitioner of obstetrics, perhaps, in the whole list of accidents that are liable to occur to the lying-in woman, nothing more appalling than those terrible cases of flooding after labor, in which the woman's life is quietly, speedily and surely ebbing away, as is indicated by the deathly pallor, the cold, hurried breath, the clammy, waxen skin; the intermittent and sometimes absent pulse, and the rapidly recurring or continuous fits of fainting, from which she only recovers long enough to make a few gasps, utter a short feeble, hardly audible sentence, and again lapses into a swoon that not unfrequently, alas! closes the scene of her earthly career.

It is in such cases that all see the necessity of a clear-witted cool headed medical attendant, who has at his command, and possesses the courage to apply without delay, all or any means that may be brought to bear in benefiting or saving his patient.

As all or most homœopathic physicians are well acquainted with the usual internal remedies that are indicated in hæmorrhage, and as I am speaking only of those dangerous cases in which there is usually no time to be frittered away in waiting for the action of internal medicines, I shall only, with the exception of Ergot, notice the local expedients for arresting hæmorrhage.

Ergot. It is claimed, and not without some show of reason, that by virtue of its well known action in producing active uterine contractions, that this drug will arrest post partum hæmorrhages; but so far as my experience goes, (and I have formerly employed it in *numerous* cases) it is much overrated. In the first place, it is often, owing to the weakened condition of the system and the irritability of the stomach, impossible to have it retained, and the nausea and vomiting which not unfrequently are present, are much aggravated, and if absent are produced by it—thereby tending to further relax the whole muscular system, thus increasing rather than diminishing the hæmorrhage. Even should it be retained without producing the results enumerated, and a pure fresh article of the drug, which is very difficult to obtain, be at hand, the action is uncertain, and not at all prompt enough to come up to the requirements demanded.

Cold. Perhaps the most available, and often, if not in the majority of instances, the best of all expedients, is the application of cold water or ice ; this may be done either by applying on the abdomen over the region of the uterus, cloths dipped in cold water, wrung out to prevent wetting the bed and clothing too much, and changing them freqnently, or as often as they become warm enough to incite only partial contractions or by immersing the hands in cold water, and grasping or kneading the womb with them while cold ; also, by injecting cold water into the uterine cavity. Ice may be crushed and placed between layers of oiled silk, or in a bladder, and if neither be conveniently at hand, between folded napkins or towels, and placed over the uterus on the abdomen ; it may also be inserted into the cavity of the uterus in small lumps, first however, carefully removing all sharp edges or corners that may protrude sufficient to do any injury.

Tamponment. It is much to be regretted that men at the present day, some even of high standing in the medical profession, still practice and laud the abominable practice of plugging up the vagina with strips of linen or muslin, previously greased or saturated with some one of the numerous astringents, as a means of arresting post partum hæmorrhage. The application of a tampon is very tedious and disagreeable to both the woman and the accoucheur, and its results are well known to be in a very great measure unsatisfactory, because the bleeding can still go on into the cavity of the relaxed womb, distending it and also the orifices of the already open vessels,thus making room for more blood, until the entire system is exhausted and the patient succombs.

Electricity. Owing to the facility with which we can excite muscular contractions by the means of galvanism, I have no doubt but that we may, especially in those passive, long continued cases of flowing, find the electric-battery very useful—altho' I have never made use of this means myself, I am well aware that others have employed it very successfully in hæmorrhages, which nothing else seemed to arrest. It is recommended to be applied, one pole of the battery in the cervix-uteri and the other by the means of a curved copper plate on the abdomen directly over the fundus.

Persulphate and Perchloride of Iron. In the March No. of *Observer* was published an article by Dr. Williams taken from the "British Obstetrical Jour.," on Perchloride of Iron in the treatment of post-partum hæmorrhages. Several cases are cited showing highly beneficial results from its use. This is a salt of iron very much prized by English and Continental surgeons for its powerful astringent and styptic properties, and was, I believe, first employed in post-partum hæmorrhage by the eminent obstetrician Dr. Barnes, who still employs it in these cases with splendid results. It is, however, a *preparation of iron* seldom used by American practitioners as a styptic, for the simple reason that we possess, and use almost exclusively, Monzell's salts or the *Persulphate of iron*, which is well known and admitted to be equal or superior to the perchloride as an astringent or styptic, causing, perhaps, less irritation and is less liable to occasion inflammatory results.

In those terrible cases of hæmorrhage where other means fail to promptly arrest the flow, I have no hesitancy in saying, that we should employ without delay, a strong solution of the persulphate of iron, say four to six ounces to the pint of water, *throwing it into the uterus by the means of a syringe*, nor is it always advisable to wait long before calling this means into requisition, since there is little or *no more danger of inflammation* from its use than from the introduction of ice as previously recommended.

It is argued that the coagulation resulting from an injection of the salts of iron, will form clots to such an extent as to prevent contraction; this, however, by experience is shown not to be the case, or at least the clots are very insignificant, unless the carelessness of the operator should permit him to inject the solution into a uterus that was already filled with blood, *which should never be done, as of course it would be coagulated*—always clear out the mouth of the womb by means of the hand, directly previous to throwing in the solution of iron. Even were a clot actually formed the hæmorrhage would be arrested, by means of the clot itself acting as a natural uterine tampon. I could enumerate many cases that I have witnessed where the hæmorrhage was kept up by the removal of clots, either by an over officious medical attendant, or the woman herself constantly getting up to evacuate the bladder, or on some other pretext. The persulphate seems to act powerfully as any astringent directly on the bleeding orifices of the vessels, closing them at once, and thus remedying an accident of the gravest character, and one heretofore deplored and dreaded by all. W. C. R.

MACROTIN AND THE VECTIS.

A Friendly Rejoinder. There are many things that sound very nice, and appear very plausible as theory from the lips or pen of the teacher—but which when reduced to practice utterly fail.

It is easy to talk about "meddlesome midwifery," and the impropriety of "taking instruments with you to your obstetrical patients." Easy to call the vectis an "awkward, lumbering Dutch instrument," and the "danger there would be in inexperienced hands," &c., &c. But what are the practical facts :—

1st. The use of *any* instrument is dangerous in the hands of the inexperienced.

2nd. *It is convenient* to have your obstetrical instruments in your carriage, when you happen to be two or three miles from home on a cold, stormy night, bad roads, &c.—when you have a case where your instruments are needed.

3d. The Vectis may be a Dutch instrument and old, but it is not awkward nor lumbering. It is smaller and more portable, (having a hinge) than a single blade of the forceps, and many ladies will permit you to use it, who would be alarmed at the forceps. It can be used where the forceps cannot—for it is self evident that one smaller blade will pass where two larger ones cannot.

4th. About "meddlesome midwifery," I have learned in a practice of twenty-eight years, that that physician is mostly esteemed among the ladies, who can deliver them "*cito tuto et jucundi.*"

I have passed the do-nothing period of my professional life, and call it meddlesome if you please, if when called to a case of obstetrics, find pain, presentation, etc., all right, I let things alone; if things are not right, I proceed to make them so speedily; and in all cases expedite delivery as quickly as possible, consistent with safety—always using mild means as far as possible. I have had my share of difficult cases, I presume, yet I have never yet lost a patient.

Yours truly, WM. E. ROGERS.

PLACENTA PRÆVIA, COUPLED WITH FIBROID OF THE UTERUS.—Dr. Hecht [*Allegemeine Weiner Med. Zeitung, 1873, No. 46*—"London Med. Record,"] believes this to be the first published case. The patient was a primipara. Up to the eighth month of pregnancy she had been very well, when suddenly she began to lose blood; the hæmorrhage continued for eight days, becoming every day worse. On examination *per vaginam* there was found in the posterior *cul-de-sac* at the brim of the pelvis an immovable half-globular solid tumor, filling up two-thirds of the inlet, and projecting downwards and backwards into the hollow of the sacrum. *Per rectum*, the relations of the tumor were readily made out. It grew from the posterior wall of the cervix and uterus, impinging on the canal. The child was alive; the head was high up, and the os dilated over it. and between the finger and the head was the soft placental mass. The hand, on account of the tumor, was with difficulty introduced and the child was turned, and after much trouble extracted. After delivery, the fibroid could be easily defined as growing from the lower portion of the cervix. The woman died within nine hours, from the effects of the loss of blood. No *post mortem* examination was allowed.

Clinical Observations.

D. A. COLTON. M. D., CHICAGO, ILLINOIS, EDITOR.

SANGUINARIA IN ACUTE ŒDEMATOUS LARYNGITIS.

BY THOMAS NICHOL, M. D., MONTREAL, CANADA.

In the sixth volume of the *American Observer*, will be found an essay on acute œdematous laryngitis by the writer, in which he said, "I have never had an opportunity of testing the virtues of *Sanguinaria* in this disease, but would expect considerable from it." I have lately had the long-looked for opportunity, and hasten to lay the results before the readers of the *Observer*.

On Friday, April 17th, I was called to Mrs. C., aged 59, who had been complaining for some few days. I found an inflammation of the cervical glands of the right side, involving the parotid gland to a limited extent, and accompanied by extensive inflammation of the subjacent cellular tissue. The parts were hot, tender, swollen and red—in fact, the well-known *calor*, *dolor*, *tumor*, *rubor*—and there was reddening of the fauces, with slight pain on deglutition. I prescribed Belladonna 6th decimal trituration, and advised rest, quiet and silence. On the following day the situation was but little changed, and Mercurius iodatus ruber 3d decimal trituration was prescribed.

At 6 o'clock of Sunday morning, April 19th, I received an urgent call to the patient—who, I was told, had hardly been able to breathe all night. I found her sitting up in bed, with a characteristic sawing and rasping sound issuing from the larynx; a sound somewhat difficult of description, but which once recognized can never be forgotten. The tonsils and pharynx were swollen, but auscultation showed that the sawing and rasping sound issued from the larynx. The cough was dry and harsh, relieved by sitting up in bed, aggravated by eating and lying down, and it was accompanied by difficult expectoration of tough and glairy mucus. The voice was low and suppressed, and it was with difficulty that I could make out the hurried, whispered sentences. The pulse was feeble and fluttering, and the lips were pale; but on both sides of the cheeks there was a circumscribed redness. The pathognomonic symptom which made the pathological state quite clear to me was the fact, that *expiration was performed more readily than inspiration.* M. Thuillier's test was decisive as to to the diagnosis, for "when the forefinger was passed into the larynx, there is a perception of a cushion formed by the tumefaction of the sides of the glottis, a soft, pulpy body, quite distinct from the ordinary hard feel of the parts."

The diagnosis was acute œdematous laryngitis of the supraglottis variety—all the more dangerous because it was an intercurrent disease, and the peculiar respiration arose from the fact that the œdematous membrane which fills the glottis closes like a valve against the entrance of air, but readily permits it to pass out. I prescibed *Sanguinaria* 1st decimal trituration, a dose every half-hour.

At 1 P. M. I found that improvement had commenced almost as soon as the medicine was given. The sawing and rasping sound was now much diminished—the respiration was comparatively easy, inspiration and expiration were performed with the same facility; the cough was less frequent and less severe; the voice was quite audible, and the patient had slept much of the time since morning. The tonsils and pharynx were still red and swollen, but the glottis was clear of the tense and rounded swellings present in the morning. The Sanguinaria was continued in the same dose.

At 7 P M., I again saw the patient and found that the very serious pathological state had almost wholly disappeared.—The Sanguinaria was continued all night, and in the morning, as the acute œdematus laryngitis was no longer present, treatment was directed against the inflammation of the cervical glands and cellular tissue.

CARBO VEGETABLIS IN EPISTAXIS.

Dr. David Thayer records the following cases in *New England Medical Gazette* :—

In many cases I have found a low potency of *Carbo veg.* effectual in this complaint. To condense the symptoms apparently characteristic, in cases which I have seen relieved, the bleeding has been long continued; bleedings very frequent; the blood thin; epistaxis occurring in convalescence from fever; excited by emotion, (especially grief or affliction,) jarring; breath short and hot; sensations of numbness; pulse not felt at the wrist; tenderness in the region of the liver; very marked jaundice; itching around the nostrils; face, limbs, and body emaciated.

I will relate the case of a boy in South Street, who, with some of the symptoms above detailed, was bleeding profusely from the nose. I said to the Irish doctor whom I found in attendance, "I think *charcoal* will cure this patient." "Have you any with you?" he asked. "Yes." As I prepared the powder, (in the 4th trituration.) "It is white," said the doctor. "Yes, it is a homœopathic preparation, a trituration." When the bleeding had ceased, as it did almost immediately, the doctor looked on in astonishment. "I think," said he, "the white charcoal is better than the black."

Some years ago, a boy recovering slowly from typhoid fever began to bleed at the nose. The bleeding had continued so long that it evidently must soon prove fatal. In consultation with Dr. David Osgood, who had conducted the boy's treatment for some time, I suggested, with some hesitation, an account of my comparative youth in the presence of age, this remedy, *Carbo veg.*, which more specifically indicated, had in my practice saved life in hæmorrhages of a desperate nature. We gave the boy the 3d, a single powder, which checked the bleeding permanently, in spite of his having already taken *Carbo veg.* in the 30th potency.

Mrs. G., a lady of about 45 years, of dark complexion, black hair, dark hazel eyes, short in stature, and of light weight. April 22, 1871. She bled at the nose almost every day for two years; the first bleeding took place two years previous, on receiving the sudden news of the death of her son. During the last year she has often bled three or four times a day, four times the day of my first seeing her. A sudden start, agitation of mind, riding in the street-cars, any jarring or weeping, would excite the bleeding. Face was pale and thin; there was an itching around the nostrils; dryness of the mouth and throat; the breath short and hot; the right arm and hand frequently benumbed. The effect of *Carbo veg. 4* was so favorable that she has had no return of the epistaxis in nearly three years.

SULPHUR AND AURUM IN SYPHILITIC HEADACHE.—I have cured many cases of syphilitic headache with *Sulph. 200*, except where the patient continued coffee. *Aurum* in same potency, has also proved curative.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

WOUNDS OF THE HEART.

BY DR. F. STEUDENER.

E. K.. 23 years old, was never sick, and showed in the last years a tendency to obesity. March 13th, he tried to commit suicide by shooting himself with a revolver. The neighbors came to his assistance, and found him lying on the floor perfectly conscious, but unable to move the lower extremities. The surgeon, who soon after arrived, found the wound a little below the nipple, the whole vicinity burned and blackened, but not a vestige of hæmorrhage. The motory and sensory paralysis of the lower extremities was perfect. Shortly after the deed he expectorated a small quantity of clear blood by coughing—otherwise the patient was found perfectly conscious and without much pain.

The examination of the thorax revealed over the whole left thorax nowhere any dulness, the sound of percussion rather somewhat tympanitic. The dull sound of the heart showed itself in normal extension over the usual place, on the right thorax, nothing abnormal. Auscultation revealed at the heart slight friction murmur—over the left thorax very weak vesicular breathing; the wound was simply covered with an ice-bladder.

The next day auscultation gave a clear pericarditic friction murmur, and the symptoms of pneumo-thorax became more and more outspoken; the sound of an empty barrel could be clearly made out over the whole left thorax—the heart was pushed over to the right side of the median line. Dyspnœa was severe and respiratory murmurs could only be heard on the apex of the lung. Pulse very quick and small. The wound does not secrete much and is firmly closed; in the neighborhood are a great many blisters from the burns. The paralysis of the lower extremity is complete; from the umbilicus downwards not a vestige of sensibility, bladder and rectum are completely paralyzed, so that catheterizing became necessary.

The following three days the difficulties and symptoms of the heart and lung steadily increased, and then gradually decreased, so that they passed entirely away after three weeks; although frequent physical examination could never reveal the formation of a pericarditic or pleuritic exudation. The wound of the thorax was closed long ago, but it took the deep burns from 6 to 8 weeks to get well. The paralysis remained in statu quo.

The bladder required for the past few days daily catheterizing—after a while continual dribbling set in. It was remarkable, that during the time of perfect urinary retention, the urine was forcibly expelled as soon as the catheter was introduced into the fossa navicularis. It was also remarkable, that, whereas the patient became gradually more and more anæmic and decubitus set in on the sacrum, he emaciated fearfully on the non-paralyzed parts; whereas the paralyzed parts were not only as plump as usual, but looked even larger. The decubitus spread more and more, and he expired fifteen weeks after the attempt on the 28th of June, 1873, from marasmus.

Autopsy. Cadaver of middle size; face, upper extremities and chest greatly emaciated, abdomen and lower extremities full of fat, on the thighs a layer 3-4 ctm. in thickness. The legs are somewhat œdematous: the feet strongly in the position of varus. The skin is very pale, on the sacrum the decubitus reaching the bone. Closely under the left nipple a cicatrix, somewhat drawn in of 1.5 ctm. diameter. After opening the chest both pleural cavities are without a vestige of fluid. The left lung shows some slight recent adhesions to the pleura costalis. The anterior edge of the upper lobe shows a contracted cicatrix, 2 ctm. deep. The remaining pulmonary parenchyma contains air everywhere and perfectly normal. The right lung sound. The heart is somewhat hypertrophic and everywhere adhesions have formed with the pericardium. On the external wall of the left ventricle is a scar, beginning obliquely at the apex, and in the centre about 2 ctm. broad, whose surface is formed of scarry connection tissue; by filling the heart with water, this place expands outwardly. A hole in the pericardium of the diameter of 1.5 ctm. corresponds to the beginning and end of the furrow, the vicinity of which as well as the furrow contain numerous grains of powder. The muscle and valves of the heart perfectly normal. Where the 10th and 11th rib begin at the vertebral column in the neighborhood of the foramen intervertabrale, numerous grains of powder in the pleura parietalis.

In the abdomen the omental fatty tissue, and the appendices epiploicæ strongly developed. The liver somewhat enlarged, of a light yellowish-brown when incised. In the gall-bladder a large quantity of yellowish-brown bile. The spleen enlarged to twice its natural size; its pulp soft, dark-brown. Both kidneys enlarged, the cortical and medullary substance pale brownish-yellow with some yellow streaks interspersed. The renal pelvis dilated, the mucous membrane reddened and covered with a strong brownish-yellow pseudo-membrane, which can be easily removed. Both ureters dilated. The bladder strongly contracted, muscularis and mucous membrane thickened, somewhat injected and covered with an ammoniacal smelling mucus.

After carefully removing the vertebral column and sawing it through lengthwise we found, that the ball penetrated thro' the intervertebral opening between the 10th and 11th dorsal vertebra into the spinal canal, divided the spinal cord totally, and remained imbedded in the opposite side of the vertebra. The divided pieces of the cord were still connected by a thin string of scarry connective tissue, standing on both sides as a connection with the pia mater. The lower part of the spinal cord is decidedly softer than the upper one and the gray substence can hardly be recognized.

Taking all together, we come to the conclusion, that the ball passed just the anterior edge of the left lung, perforated the pericardium, hit the heart at the moment of contraction, and thus only grazed it, perforated the pericardium the second time, and found its way into the spinal column.

The quick and favorable healing of a perforating chest-wound remains interesting, as it ran its whole course without a vestige of suppuration in the pericardial or pleural cavity, although there existed a perfect pnemo-thorax in the beginning. It is also remarkable, that the lesion of the cardiac muscle caused so little disturbance in the action of the heart, still if the patient could have recovered he would have run the danger of the formation of an aneurysma of the heart from the great thinness of the cardiac wall at the place, where the heart had been wounded. A slight degree of bulging out could be even discovered at the autopsy. The excessive emaciation of the non-paralyzed part and the fatty accumulation or degeneration in the paralyzed parts remains to be explained, as somewhat extraordinary.—[*B. K. W.*, *7*, *1874*.]

OPHTHALMOLOGICAL CLINIC.

BY DR. NUNEZ.

1. M. F., a coachman, 30 years old, of nervo-lymphatic temperament and of good constitution, had syphilis and gonorrhœa treated by the usual method of caustics and balsams, and suffers now from iritis syphilitica of the right eye, with great painfulness. For several months the treatment was without benefit, when he came into our hands. We found: Conjunctivitis granulosa neoplastica and keratitis pannosa; the conjunctiva red and granulated, covered with a vascular net, intense pains in the eye, orbita, superciliar region and head, aggravated when lying down so that he cannot sleep; nocturnal pains in the joints, vision lost in the right eye from complete opacity of the cornea, and still great photophobia. Left eye affected in a less degree.

Merc. cyan. 3—a dose every 8 hours, dissolved in tablespoonful of water. After the first few doses pains diminished, so that he got some sleep. By the fourth day the redness gradually disappeared and the cornea began to clear up. On the fifth day he caught cold and a relapse set in.

Belladonna 3—for three days, brought great relief, so that we could return to the Cyanuret of mercury, which we gave in alternation for fifteen days, when all pains had completely ceased, the opacity gradually diminished, so that he could already distinguish some objects.

Crotalus 3—a dose of 1-2 grain to be taken for five successive days, removed the remnants of the disease, and a dose of Sulphur 100, completed the cure.

2. D. P. C., a manufacturer, 42 years old, bilio-nervous temperament and good constitution, got syphilis after an impure embrace, consisting of chancre and blenorrhœa which were treated according to the old rule, but secondary syphilis and iritis brought him under our observation. We found conjunctivitis granulosa hyperplastica and keratitis ulcerosa of the left eye. Our treatment was again *Cyanuret of Mercury 3*, which in five days diminished the dolores osteocopi and the redness of the conjunctiva, but the ulcerated cornea remained the same, and we changed therefore to *Hepar. 3*, and after other five days returned to the Mercury. During this time the pustules disappeared, and the skin looked more natural, the pains at night were sensibly diminished and the opacity was not as heavy any more, so that he could distinguish some light. Now was the time, where Crotalus acts so beautifully in restoring sight, and our patient soon recovered from his trouble.

We always found, where secondary syphilis set in, that the antipsorics must be combined with the antisyphilitics, and thus our reason, for alternating every five days Hepar with the Cyanuret of Mercury.—[*El Criterio Medico, March 1874.*]

ELECTRICITY A CURE FOR TOOTHACHE.—*Bouchard* uses the constant current of 10 elements, and applies the positive pole to the cheek corresponding to the place of the painful tooth, and the negative one to the anterior lateral region of the neck. After a few minutes the pain ceases, and frequently the cure is a permanent one.—[*Bull. de Therap. 4, 1874.*]

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

We will this month make a few extracts from some articles on current surgical improvements and views which will be useful, instructive and interesting to our readers. We deem it better to use the language of the articles rather than a synopsis in order to present the subjects more clearly.

SUTURES AND THE TREATMENT OF INCISED WOUNDS.

BY J. IGILVIE WILL, M. D., ABERDEEN.

Sutures are undoubtedly the best means we possess for maintaining the edges of cut parts in apposition. Unfortunately their employment is attended by certain disadvantages; such as the irritation, giving rise to suppuration, when silk is the substance of which they are composed; the danger during their removal, of tearing apart loosely united surfaces, and the pain experienced by the patient when they are constituted of metallic bodies.

Another grave objection to the use of sutures is—the unsightly marks, consequences of suppuration which remain at the point where they had been inserted. These cicatrices are of course chiefly objectionable in parts exposed to view, as in wounds of the face, etc. The object of the present paper is to draw attention to sutures formed of a substance which can be employed without fear of the foregoing undesirable effects presenting themselves.

This substance is catgut, which Professor Lister brought into notice some years ago for this purpose, but which he has since discarded, though he still retains it for ligatures.—Regarding its use for this latter purpose I cannot speak personally, as I have always found acupressure answer every purpose; but with regard to the former I can speak most emphatically, for during the last two years in wounds when I have had reason to expect early union—and it is only in such cases that I advocate its use—I have invariably employed catgut sutures and their employment has been attended by the happiest results.

The other points to be attended to, in the treatment of incised wounds, are that there be no foreign bodies in the wound—such as blood, dirt, or "dead pieces of meat," as Sir James Simpson quaintly termed ligatured vessels—and that its surfaces be exposed to the air till they have taken on a glazed appearance.

This last indication is not, I am aware, in accordance with the views entertained by many surgeons at the present moment; but experience here has proved that union takes place more readily when air has been freely admitted than when wounds have been hurriedly closed. It is probable that if there are spores in the air of other places, Aberdeen has its due share of them, but they do not exert the baneful influence ascribed to them in some other cities; and the fact that union by the first intention has been obtained here in so many instances of amputation, excision, &c., after they have been exposed to free currents of air, for periods varying in duration from 10 to 30 minutes, seems to me to be a proof that the germ-theory of putrefaction in wounds is hardly a tenable one. The only explanation that could possibly be given by the supporters of that theory would be that the air in this city is pure and free from germs; but to explain why and wherefore of this exemption would be a still more difficult matter.

Even if this could be done, it would not be sufficient; for in Edinburgh, where germs are supposed to exist in their highest degree of developement, I saw more than one case of wounds after excision of tumors unite *without one drop of pus*, after Sir James Simpson, not content with the ordinary access of air, used a bellows to ensure every part of the raw surfaces being so to speak, flooded with it.

Further regarding dressings, I find the less the better; when any are employed, a simple strip of wet lint suffices. I have not thought it necessary to enter upon the necessity of obtaining accurate coaptation of the edges of cut parts, as this point is so universally recognized as a *sine qua non* in the treatment of incised wounds that even mention of it seems superfluous. The treatment I have indicated is applicable to all incised wounds; excepting that I would only counsel the use of catgut sutures in those of the slighter order, or in those where from the nature of the case, there is reason to expect union by the first intention.—[*Braithwaite's Retrospect.*]

LOCAL ACTION OF BICHROMATE OF POTASH.

Dr. Green gave an account of three cases lately seen by him, which exhibited the local effect of bichromate of potash on the nose. They occurred in workmen of a large chemical manufactory who were exposed to the dust of the salt, which by lodging on the mucous membrane of the nose, caused ulceration. In one of the cases, the entire cartilaginous septum had been destroyed, and the whole nasal mucous membrane was in a state of purulent inflammation ; in another, there was a large and deep ulceration on the septum, without perforation ; while, in the third, the whole membrane of the septum was dotted with minute ulcerations. In the first case the disease had been mistaken for syphilis.

The removal of the men from their work, strict cleansing of the parts with a syringe, and the application of mild stimulating lotions, checked the ulcerations immediately, and soon restored the membrane to a healthy condition. By the use of cotton-wool respirators, as suggested by Tyndall, the men afterwards resumed their work, and have continued free from trouble.

Almost every one in the factory had been more or less affected by the dust of the salt; some with ulcers on the hands and body, others with nausea, and almost all with more or less purulent nasal catarrh. The severity of the symptoms was generally proportional to the amount of the dust to which the persons had been exposed.

Dr. Green said a few cases were on record where a similar cause had produced ulceration and necrosis of the cartilages of the larynx.

Dr. Draper said that he had seen the same ulcerations of the nasal septum, to which Dr. Green had alluded in workmen who were employed in paper manufactories where arsenic was used.—[*Boston Med. and Surg. Jour., Jan. 17, 1874.*]

SURGERY OF THE ABORIGINES.

The following occurs in an address on surgery, before the Canadian Medical Association, by Dr. W. H. Kingston :—

"The aborigines had their surgery—simple but effective—to which their usurpers were sometimes forced to have recourse, Contused wounds and bruises were treated by cold douches from springs and running streams ; and suppurating wounds with the bark of the mucilaginous slippery Elm (ulmus fulva,) and Basswood (silia,) and the resinous bark of the Tamarack (larix Americana,) all excellent emollient and stimulant—cataplasms and ulcers were stimulated to granulation by the inner wood and berry of the Juniper (genus Juniperus.)

They reduced dislocations by main force, and also, it would appear by a rotary method, which seems somewhat like that introduced to the profession by that distinguished American surgeon, Nathan Smith. Fractures (which rarely occurred among them,) were carefully set, and splints of cedar or broom ingeniously padded by the squaws with leaves or grass, were bound upon the limb with withes of young birch (genus batula); and amputations were performed at the joints with knives of flint or jasper, (and in some places of copper,) polished and keen as steel—and spouting vessels were seared, and hæmorrhages arrested with stones heated to redness. The practices are still continued among the tribes far removed in the interior."—[*Boston Med. and Surg. Journal.*]

PROFESSOR ESMARCH'S MODE OF PERFORMING BLOODLESS OPERATIONS.

By Wm. MacCormac, Esq., Surgeon to St. Thomas' Hospital.

The importance of the simple and efficient method briefly described by Prof. Esmarch, at the second Surgical Congress at Berlin, for preventing the loss of blood during operations on the limbs, appears to me so great, that I take the earliest opportunity of communicating my experience on the subject, brief though it be.

A little girl 5 years old, struck the left tibia, twelve months ago, against a stone—necrosis followed, and when admitted to hospital a year afterwards, a sequestrum could be felt in the tibia enclosed by a considerable thickness of new bone.—Whilst the patient was being chloroformed, I applied, pretty tightly, an ordinary elastic bandage from the toes to the middle of the thigh.

The bandage was two inches wide and five yards in length, and thus applied, the bandage forced all or nearly all, the blood from the limb into the body. When the patient was fully narcotized, I wound a half-inch India-rubber rope around the thigh immediately, at the upper border of the bandage, and sufficiently tightly to obstruct all the afferent vessels.—Hooks previously attached to the extremities of the rope furnished a ready means of fastening it, as well as removing it at pleasure. The bandage first applied was now unrolled, when the limb presented a blanched appearance.

The operation was then commenced: some new bone removed, so as to get at and take away a considerable sized sequestrum. During the entire time not a single drop of blood appeared in the wound; a sponge was not once required, and the facility with which the operation was conducted and finished required to be seen to be realized. The tissues were divided so far as bleeding was concerned, just as they might have been on the dead body. This operation was performed in St. Thomas' Hospital on August 16, in the present year. Esmarch's method producing local anæmia being then practised

I believe, for the first time in Britain. Since the operation, the little patient has progressed very favorably, and, altho' carefully watched, no peculiarity which might be attributed to the use of the apparatus has been observed either in the wound or in the limb.

Since then other operations for necrosis have been performed, and an excision of the knee lasting thirty-five minutes,also an amputation of the thigh, and in no instance has one single drop of blood been lost. The advantages of such a plan are so palpable as not to need much insisting upon."—[*Braithwaite's Retrospect.*]

The compression, however, by this method has some disadvantages, as practice has proven in the after-treatment of some cases. In anæmic cases, however, when no blood can be spared, the disadvantages must be overlooked in its use.

A NEW METHOD FOR HEALING ULCERS.

Dr. Nussbaum, ("Phila. Med. Times," from "Wein Medical Presse,") claims to have successfully treated upwards of sixty cases of chronic, extensive, and otherwise intractable leg ulcers, by the following simple procedure :—

The patient is at first etherized, and then around the ulcer of the leg or foot, a finger's breadth from its margin, an incision extending down to the fasciæ is made ; numerous blood-vessels are divided, and a severe hæmorrhage ensues, unless a fine pledget of lint be packed into the cut and the entire ulcer strongly compressed. The packing with lint is also necessary to prevent union of the cut edges by the following day. Upon the second day, the bandage and lint are removed ; from then until a cure is effected a simple water-dressing is applied.

The author states that an astonishing change can be seen, even in the first twenty-four hours.. The ulcer which yesterday threw off quarts of thin, offensive, ichorous pus, furnishes to-day not more than a table-spoonful of thick, non-offensive healthy pus. The old ulcer becomes rapidly smaller ; healing from the margin towards the centre, and is healed up in a short time; but the cut is changed into a broad circular sore, which also rapidly cicatrizes.

The great diminution of the secretion, and other favorable changes occurring in the ulcer,find an explanation in the fact, that the circumcision has divided dozens of large, abnormally widened blood vessels. Time is thus given for the lessened nutritive material, which previously carried off by the excessive secretion, to be transformed into cells and connective tissue; in other words granulations are formed, which fill up and heal the deep ulcer. Without claiming this as a radical method, the author assures us that the cure is much more rapid and the cicatrix becomes more elastic and resisting, than in ordinary means applied, which usually require so much time that the patients depart with half-cured ulcers,soon find themselves in their previously deplorable condition.

METHOD OF EXTRACTING CATARACT,

By Peripheral Section of the Iris, without Invading the Pupil.

By DR. CHARLES BELL TAYLOR, Surgeon to the Nottingham and Midland Eye Infirmary.

" Before the adoption of Von Graef's Mooren's, my own and other modian methods of operating, prolapsi of the iris was always considered the bugbear of extraction.

We get rid of this danger by the sacrifice of a segment of the iris, and the question that presented itself to my mind was whether the same end might not be attained at less cost, by merely removing a minute portion of periphery of that membrane, so as to obviate the risk of prolapsi during the few days following the operation, and yet, in the end maintain the pupil in all its integrity, and secure the chief advantages of the old flap method without its principal attendant danger.

This end I have attained by excising a small piece of the outer edge of the iris, and through the aperture thus obtained separating it with very fine scissors from its marginal attachments, to an extent corresponding to the size of the wound required for the easy exit of the lens.

The sphincter of the pupil is thus not stretched by the passage of the cataract, which glides from its posterior surface;

the iris is not drawn out of the wound during the excision of the minute portion it is necessary to remove. The wound is so small that there is no bleeding from the iris to obscure the future steps of the operation, and the portion of iris corresponding to the wound, so frequently the initial seat of fatal inflammatory mischief, escapes the bruising which VonGraef's researches have shown so frequently the cause of disaster in Darill's method. I find also, as a matter of experience, that a slight wrinkling, to be seen only when sought for,is frequently the sole change to be observed in the margin of the iris after the recovery of the patient ; while as a result of the procedure, the pupil is maintained intact, central and moveable.

I have in some cases endeavored to facilitate the first part of the operation by the preliminary application of the Calabar bean, and the adoption of a minute section in the corneo-sclerotic junction at the summit of the globe, as also by occasionally performing the minute iridectomy six weeks before the extraction. The precautions, however, may generally be dispensed with, and the section completed at once, either by the small knife which I commonly use in extraction, or Von Graef's. The capsule may be lacerated either through the slit in the iris or the natural pupil."—[*Braithwaite's Retrospect.*]

NEW OPHTHALMIC SURGICAL INSTRUMENT.—Mr. Greensdale has recently invented a little instrument for slitting the punctum lacrymale and canaliculus, which will prove very useful in ophthalmic surgery. It is manufactured by Messrs. Arnold & Sons. It consists of a canaliculus director, and knife, combined in one handle,thus permitting the operation of opening the duct to be performed with one hand,while with the other the surgeon depresses the eyelid. The knife is so constructed as to be hidden in the handle, and with one finger can readily be slid along the director when in the punctum. By this simple contrivance, it will be seen that all danger is obviated of wounding other structures than those of the ones required to be divided in opening the duct, an accident hitherto liable to occur with any unruly patient."—[*Braithwaite's Retrospect.*

ON A METHOD OF OPERATING IN CERTAIN CASES OF STRANGULATED HERNIA.

By THOS. ANNANDALE, Surgeon to the Royal Infirmary, Edinburgh.

(The method of operating to which attention is directed in this paper has been previously suggested, but has never been practised upon the human subject.)

"The principle of this method consists in making a small incision through the abdominal walls, and opening the abdominal cavity *near* the hernia, instead of cutting into the hernial sac itself, or exposing it. One or more fingers are then to be inserted into the abdominal cavity and the protruded structures contained in the hernia sac drawn back from within.

The chief objections which may be reasonably urged against this proceeding are—

1st. The risks likely to follow opening into the peritoneal cavity—and

2nd. That certain conditions of the hernial contents, such as gangrene, or firm adhesions would prevent the operation being successfully carried out.

The first of these objections is not in my opinion, very serious, but the latter is so, and therefore, I would advise the method only in *certain* cases of strangulated or obstructed hernia. The cases which appear to be most suitable for this operation are:—

1st. Umbilical hernias in the adult, especially if the coverings of the hernia are thin and ulcerated, or the hernia large.

2nd. Large inquinal or scrotal hernia, which has been recently reducible.

3rd. Hernia in the other regions in which, owing to the special conditions, the usual operation cannot be satisfactorily performed.

This operation is, however, only suggested when in these forms of hernia the condition of strangulation or obstruction gives rise to symptoms which *absolutely* necessitate operative interference, and when signs of gangrene, or a history of long standing irreducibility are absent.

The incision into the abdominal cavity does not require to be more than from 1 to 2 inches in length, and it is quite possible, as I find in the case related,to examine the condition of the intestine contained in the sac, by carefully drawing it bit by bit, through such a wound. If thought right, it is also quite practicable and safe to divide, subcutaneously though the same wound any constricting band or agent which may be felt after the hernial sac has been emptied of its contents.

In the case reported, I was induced to perform this operation because I was aware that the usual operation is very unsatisfactory in cases of large and strangulated umbilical hernia.

The operation completely relieved the strangulation and obstruction ; the bowels being freely moved shortly after.—No symptoms of peritonitis followed the operation; but the constant vomiting, and the inability to take the slighest nourishment for some days before,together with a fatty condition of the heart, caused in my opinion, the exhaustion which proved fatal."—[*Braithwaite's Retrospect.*]

MODIFICATION OF ESMARCH'S ELASTIC BANDAGE.

By **Wm. H. Cripps**, Esq., House Surgeon to St. Bartholomew's Hospital.

Esmarch's admirable suggestion of using an elastic bandage to exclude the blood before operating on limbs, and the complete success attending it, are now probably well known.

The following is a simple modification of his arrangement, by which many yards of elastic bandage may be dispensed with, and it can be easily and quickly applied.

A short rubber tube is used, not only to prevent the blood from returning to the limb, but also for the purpose of removing it in the first place. The two ends of an India-rubber tube twenty-one inches in length and about three-eighths of an inch thick, are bound together with a piece of twine, the whole forming an elastic ring seven inches in diameter.

A grooved wheel revolving between a double handle complete the necessary apparatus.

To apply this to the arm, three or four complete turns of the elastic ring are wound tightly round the hand in such a manner as to include the finger and thumb, care being taken that the turns lie even, and do not cross one another.

The reel is then put under the free portion of the ring connecting the upper and lower coil.

The reel is passed round and round the limb in an upward direction; thus each coil is unwound from below, another is added above.

In this way four tight coils of India-rubber are carried up the limb to any distance required. The degree of tightness can be regulated with the greatest nicety by the distance the reel is drawn from the limb by the bandager.

This method of driving blood from the limb answers perfectly in the arm and in the lower part of the leg; but in carrying the bandage over the popliteal space the flexor tendons prevent the artery being effectually compressed. A firm pad in the space would probably answer the purpose.

To remove the bandage, it may be either unrolled by reversing the action of the reel, or the twine connecting its two ends may be cut with scissors.—[*Braithwaite's Retrospect.*]

REMOVAL OF FIXED BANDAGES.—In the *Berliner Klinische Wochenschrift*,—("London Med. Record,") Dr. Schinzinger, of Freiburg, describes a method by which the different kinds of fixed bandages may be removed in the quickest and easiest manner; namely by dividing them by means of a chain-saw, from within outwards. The skin being enveloped in a flannel bandage, or with wadding and a roller bandage, he lays an oiled ribbon or fillet, parallel with the long axis of the limb, upon the roller, and covers this fillet with a strip of blotting-paper an inch broad, allowing an inch or two of the end of it to appear above and below the bandage. After that, the materials of which the fixed bandage are to be constructed, are laid on. A few minutes after the setting of the bandage, the mobility of the guiding band must be ascertained by pulling at it. If the bandage have to be taken off some days or a week afterwards, he fastens to the lower end of the tape with a strong silk thread, a Jeffray's chain-saw, and draws it by means of the tape, beneath the bandage from below upwards; in a few seconds the hard material is cut through by a clean saw cut. Should the bandage be broader than the ordinary length of the saw will pass through (about 16 inches) the oiled band is made to hang out thro' a gap in the fixed bandage, or holes are bored in it and the fillet seized and drawn through, and thus the structure is cut through in several lengths.

By this means, Dr. Schinzinger has cut through fixed bandages made of plaster-of-Paris, dextrin, water-glass, and magnesia-water-glass; of these, he last offered the greatest resistance.

Materia Medica.

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PLANTAGO MAJOR.

BY SAMUEL A. JONES, M, D.

In this paper I purpose to supplement the classical history of this remedy, as furnished by C. Hering, M. D., for Dr. F. Humphrey's monograph, with such an account of this herb as my shelves will enable me to find in Anglo-Saxon and in English literature, during a period dating from A. D. 1000 to the dawn of the 18th century.

In the performance of this purpose, I shall transcribe at full length from some of the authorities at my command.—This plan will entail much repetition; but the loss of conciseness will be balanced by a resulting insight into the manner of growth of an empirical knowledge of the virtues of a "simple."

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WAYBREAD: PLANTAGO MAJOR.

"*Properly Waybread:* its leaves are broad, and it frequents waysides."

"If a man's head be sore, let him take the roots of waybread, and bind them on his swere (*neck;*) then the sore will depart from the head.

If to a man his wamb (*belly*) be sore, let him take the juice of waybread the root, and contrive that it be lukewarm, and swallow; then with much loathing (*nausea*) the sore will depart away, If then it be that the wamb be swollen, then scrape the root, and lay it on the wamb; then it will soon dwindle away.

For sore of the inwards, take juice of the waybread; put it on cold of some kind and swallow it largely; then it mends the inwards, and clears the maw, and small guts very wondrous well.

Again, in case that a man be overgrown in wamb, seethe then the waybread largely, and let him eat then (of it) largely; then soon will the wamb dwindle.

Again, in case that a man outrun (have a discharge) thro' his anus with blood; take the juice of waybread, give him to drink; then it (the hæmorrhage) will soon be stilled.

If a man be wounded, take seed of waybread, rub it to dust and shed on the wound; it will soon be hole (whole.) It the body be busied (troubled) anywhere with heavy heat (inflammation) pound the same root and lay (it) thereon ; then the body will cool and heal.

If thou then will reduce the size of a man's wamb, then take thou the root ; boil in vinegar ; put then the juice and the root so boiled into wine ; let him drink (this) then at night fasting, always one cup for a discharge.

Against adder's bite, take waybread the root, rub it into wine, and let (the patient) eat it.

For scorpion's wound, take roots of waybread, bind on the man ; then it is to be believed that it may come to be of good service to him.

If worms within ail a man, take the juice of waybread, pound and wring the (the root) and give it him to sup ; and take the same root, pound it,lay (it) on the navel, and wreathe it thereto very fast.

If any man's body be hardened, then take waybread, the root, and knock (pound) it with lard without salt, and so work (it) to clam (a clammy substance ;) lay it then on where it is hard ; it soon will make it nesh (soft) and amend it.

If to any man there be a quartain fever incident, take then the root's juice, rub it in water, give to him to drink two hours before he expects the fever ; there is hope that it may come to much benefit.

For foot addle (gout,) and for sore sinews, take thin leaves of waybread, crush with salt ; set it then on the feet, and on the sinews ; then that is a sure leechdom.

For the fever that cometh on a man on the third day, (tertian) take three sprouts of waybread, crush them in water or wine ; give it him to drink ere the fever come to him at night, fasting.

For the fever that comes the second day knock (pound) this same root very small ; give it him in ale to drink. It is to be believed that it may benefit.

For heat of wounds, take waybread, the root, pound it on lard without salt, lay it on the wound ; then will he be soon whole.

If a man's feet in a journey swell, take then waybread, the root, pound in vinegar, bathe the feet therein, and smear them; then they soon dwindle (the swelling abates.)

If to any an ulcer wax on the nose or on the cheek, take then waybread's juice; wring it on nesh (soft) wool; lay it thereon; let it lie nine nights: then after that soon it heals.

For any uncouth blisters which sit on a man's neb (face,) take seed of waybread, dry it to dust, and pound it; mix with hog's grease, put a little salt to it, wash it with wine, smear the neb with it; then it smootheth and healeth.

For wound of mouth, take leaves of waybread and its juice; pound together, have it then very long in thy mouth, and eat the root.

If a wood hound (*mad dog*) rend a man, take this same root, and rub it fine, and lay it on; then will it (the wound) soon be made hole.

For every day's tenderness of men inwardly, let him take then waybread, put it in wine, and sip the juice, and eat the waybread; then it is good for any inward unheal (infirmity.)" I.

OF PLANTAYNE, OR WAYBREDE.

" *Plantayne* is cold and dry in the second degree.

The leaves of plantayne eaten with meates or otherwise, are very good against the falling downe of Reumes and Catarres, they comfort the Stomake, and are good for such as have the Phthisike (which is a dissease in the lunges, with a consumption of all the body,) and against the Cough.

The Decoction of leaves of Plantayne dronken, stoppeth the blouddy flixe, and other fluxes of the belly, also it stoppeth the spitting of bloud, the p—— of bloud, and the superfluous flowing of women's termes, and all other issue of the bloud.

The juice of Plantayne dronken, stoppeth and appeaseth the great desire to vomitte, and stauncheth the fluxe of bloud, as well as the leaves and seeds.

The roots of Plantayne by himself, or with his seeds boyled in sweete wine, and dronken, openeth the Conduytes, or passages of the Lyuer and Kidneys being stopped, and is good against the Jaunders, and the ulceration of the kidneys and bladder.

Some have written, that three rootes of Plantayne, taken with wine and water, doth cure the Fever tertian ; and four roots so taken do cure the Fever quartayne.

The use of Plantayne is good against all evill, corrupt and running sores and ulcers, and against woundes both old and new, and all hoat empostumes, and inflammations, against Cankers, Fistulus, and the foule evil of French Pockes, and all scurviness. It is good against the byting of Madde Dogs, to bruse the leaves of Plantayne and lay thereupon, or to poure the juice of Plantayne into the wounds, or if it be mixed with emplasters and oyntments that be made for such purpose.

The leaves of Plantayne do assuage and mitigate the paine of Goute, and are excellent to be layde upon swollen members, that are full of heate and payne, or anguish.

The juice of Plantayne dropped or stilled into the eares, is very good against the payne in the same. And to be dropped into the eyes against the inflammation and payne of the eyes.

The same juice or the Decoction of the leaves or rootes of Plantayne, do cure and heale the naughtie Ulcers of the mouth, the toothache, and the bleeding of the gummes or Jawes, when the mouth is oftentimes washed with the same.

The leaves of Plantayne pounde or stamped with salt, and layde to the empostems, wennes, or harde swellings about the eares and throte, cureth the same. The roote also is good to be carried or hanged about the necke, for the same purpose, as some men wryte." 2.

OF LAND PLANTAINE.

"Plantain is good for ulcers that are of hard curation, for fluxes, issues, rheumes, rottennesse, and for the bloudy flix ; it stayeth bleeding, it heales up hollow sores and ulcers, as well old as new.

The juice or decoction of Plantaine drunken, stoppeth the bloody flux and all other fluxes of the belly, stoppeth the p—— of bloud, spitting of bloud, and all other issues of bloud in man or woman, and the desire to vomit.

Plantaine leaves stamped and made into a tansie, with the yelks of eggs, stayeth the inordinate flux of the termes, altho' it have continued many years.

The root of Plantaine with the seed boiled in white wine and drunk, openeth the conduits or passages of the liver and kidnies, cures the jaundice, and ulceration of the kidnies and bladder.

The juice dropped into the eies cools the heate and inflammation thereof. I find in antient writers many good morrows, which I think not meet to bring to your memory againe as, That three roots will cure one griefe, for another disease, six hanged about the neck are good for another malady, &c., all of which are but ridiculous toyes.

The leaves are singular good to make a water to wash a sore throat or mouth, or the privy parts of a man or woman.

The leaves of Plantaine stamped and put into oile olive and set in the hot sun for a month together, and after boiled in a kettle of seething water (which we call *Balneum Mariæ*) and then strained, prevaile against paines in the eares, yard or matrix, (being dropped into the eares, or cast with a syringe into the other parts before rehearsed,) or the paines of the fundament; proved by a learned gentleman *Mr. Godowrus*, Sergeant Surgeon to the Queen's Majestie." 4.

PLANTAGO. PLANTAINE.

"The juice of Plantaine depurate and clarified, and drunke for divers days together, either of it selfe or in other drink, prevaileth wonderfully against all torments and excoriations in the guts or bowels; helpeth the distillations of rheume from the head, and stayeth all manner of fluxes in man or woman, even the feminine courses also, when they come down too abundantly; it is good to stay the spitting of bloud, and all other bleedings of the mouth, by having a veine broken in the stomacke, and that maketh bloudy or foul water by an ulcer in the veines or bladder, as also to stay the too free bleeding of wounds ; it is held also an especial remedy for those that are troubled with the Ptisicke or Consumption of the lungs, or have ulcers in their lungs , or have coughs that come of heate ;* the decoction or powder of the rootes or seede is much more binding for all the purposes aforesaid than the herbe is. *Dioscorides* saith : That if three rootes be boiled in wine and taken, it helpeth the *tertian* ague, and foure rootes the *quartane ;* but I hold the number to be fabulous, yet the decoction of divers of them may be effectual ; but *Tragus* holdeth that the distilled water thereof drunke before the fit is more proper. The seeds made into powder and mixed with the yolke of eggs, and some wheate flower made into a cake and baked either in an oven, or between a couple of tyles heated for the purpose—this cake prepared every day fresh and eaten warme, for some few days together, doth mightily stay any flux of the stomacke, when the meat passeth away indigested, and stayeth likewise the vomitings of the stomacke ;—the herbe, but more especially the seede which is of more subtile parts, is likewise held to be profitable against the dropsie, the falling sicknesse, yellow jaundice, and the oppiliations or stoppings of the liver or veines ; the roots of Plantain and Pellitory of Spain,beaten to powder, and put into hollow teeth, taketh away paines in them ; the clarified juice or the distilled water, but especially that of Ribbewort, dropped into the eyes cooleth the inflammations in them, and certainly cureth the pinne and webbe in the eye, and dropped into the eares easeth the paines therein and helpeth and restoreth the hear ing ; the same also is very profitably applied with juice of Houseleeke, against all inflammations and eruptions in the skinne, and against burnings, or scaldings by fire or water.

The juice is of much use for old or hollow ulcers that are hard to be cured, for cancers and sores in the mouth, or privie partes of man or woman, and helpeth also the paines of hemorrhoides or piles, and the fundament ; mixed with the oil of Roses and the temples and forehead anointed therewith easeth the paines of the head proceeding from heate,and helpeth franticke and lunaticke persons very much, as also the bitings of serpents, or a madde dogge; the same is also applied to hot gouts in the feete or hands, especially in the beginning, to coole the heate, and represse the humours. It is also good to be applied when any bone is out of joint, to hinder inflammations, swellings and paines that presently rise thereupon; the powder of the dried leaves taken in drinke killeth the wormes of the belly, and the said dried leaves boiled in wine killeth the wormes that breed in old and foule ulcers; One part of Plantane water,and two partes of the brine of powdered beef boyled together and clarified, is a most sure remedy to heal all spreading scabbes and itch in the head or body, all manner of tetters, ringwormes, to heale fresh or old wounds or sores either inward or outward.

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* "Coughs that come of *heate,*" i. e. *hectic.*]

Erasmus in his *Colloquia*, reporteth a prettie story of the Toade, who being stung or bitten by a Spider, sought out Plantane, and by eating thereof was freed from that danger." 5.

OF PLANTAINE.

"Although *Plantaine* be beneficiall to all the parts of the Body, both inward and outward, yet because the Mouth is the first part whereinto it is commonly received, and the rather because it has the Signature of the Tongue, which is not only expressed by the outward Forme thereof, but also by the Sinews and Veines that run through it; and therefore it availeth very much in divers diseases of the Tongue, whether they happen from wounds, as biting, cutting, or the like, or from inflammations or any other part adjacent. * * * * * * * * * It cureth deep wounds tho' the Sinews and Veins be cut asunder, whereof it hath the signature. The juyce alone or stamped with Vinegar, and applied to the Feet, that surbated sore, and swollen with travell, bringeth them again to their right temper." 6.

Lovell and Salmon are verbal copyists, as is Coles, save in the little given above; so I hasten on to close with two or three new observations supplied by Tournefort.

"The Ptisan and water of Plantain are useful in the whites.

A Gargarism made of Plantain is highly useful in all maladies of the Throat.

The Root of this Plant taken fresh out of the Ground, washed, and gently scraped with a knife, then put into the Ear, cures the Tooth-ach like a Charm.

Umbilical *Hernia*, not only in Boys, but in advanced Matrons, cured by a cataplasm of Plantain, and the *Muscus Quercinus*.

French women, to prevent abortion, take half a drachm of Plantain Seeds in Broth, or in an Egg, during the whole nine months of their being with child, and not without success." 9.

In making these excerpts Langham's *Garden of Health* is not cited, although the virtues of "*Planten*" occupy four-and-a-half of its black letter small quarto pages. The omission is owing to Dr. Langham's polypharmic tendency; the few instances wherein he advises *Planten* alone are; "Biles, apply the juice. Breath short, seethe Planten and eate it. Fistula, use the juice and herbe inward and outward, or the water; the hearbe stamped applyed doth heale them speedily, put in the juice. Stamp Planten and binde it to the necke to avoid the headache. Head scald, wash daily with the juice. Lepris (leprosy,) stampe the leaves and apply them. Mother moyst and suffocat, put in the juice with wool. Ringworms, apply the juyce. To cause speech, hold the juyce under the tongue. Squincie and griefes of the throate, use the juyce inward and outward. To cause urine, seethe Planten and drinke the brothe."

Antiquated as are these citations, I can but think they give emphasis to the provings of Dr. F. Humphreys and his collaborators, and to the four provings of Mr. Alfred Heath, of London. *Hahnemannian Monthly, Vol. 3, p. 332.*

"They be the best chirurgeons," said Bacon, "who being learned incline to the traditions of experience," and he who has transcribed these "traditions" is fain to hope that they may stimulate to the study of a remedy which has all the credentials for an active membership in our Materia Medica.

AILANTUS HALL—*MSS. I.*

We are philosophers at Ailantus Hall. Our necks are fast in the cart-collar of practice, but they are not chafed. To be sure, there are some galled scars on my shoulders, but they are things of the past, for you see Leumas the Larger has me in hand; he has ever been a philosopher, and, learning of him I am becoming one. I know Leumas the Larger is a philosopher because, while his head is snow-white, he—the *vis* that is and is to be—has not grown old; because his heart is as an open door not only to all of human kind but to all that the Supreme Father has made; because with each successive year he has grown still humbler in spirit from finding that *science is the topography of ignorance;* and as the passing years bring him nearer to that *other side,* where there are no mists, he yearns and waits—waits with eyes that glisten with fond anticipation. Leumas the Larger knows who is waiting on the *other side* for him, and he will leave his work some day and go forth as a child who hears his father call.

It was a glad day for me when I first walked up Ailantus Row to take my place in Ailantus Hall. "Come and be welcome," was the message. I came, and have had a heart-warm and a heart-warming welcome ever since.

I have found Ailantus Hall so different to that other world wherein I had been buffeted about for forty years, that I can't find it in my heart to keep its enjoyments wholly to myself.—I must share at least some of it.

I turn to the types as the happy medium through which all can enter Ailantus Hall without crowding its little "office"—and the Editor kindly grants me type and space monthly, if need be, until I get either dull or stupid.

I shall take the sunniest hour of Ailantus Hall life—that of the post-prandial smoke. Why do all your real philosophers smoke? I think it must be because they *are* philosophers.—However, when Leumas the Larger has masticated (what time a man's shadow is only a span long) until his umbilicus is exactly five and thirteen-sixteenths of an English inch from his spinal column, the chair is pushed back, the soothing pipe lighted, and then the curling clouds of blue denote the time for an hour's talk. Oh! if I could only write you a tithe of what Leumas the Larger has got so snugly stored away in the deep-dipping convolutions of his cerebral lobes, you were indeed a lucky man. As it is, I can give you only *disjecta membra.* I gather them up as Lazarus did the crumbs, and may be they will feed you as they do me.

I cannot form any estimate of the amount of *knowing* that Leumas the Larger has got behind that *bone sublime*, as the old anatomists have it, but somehow I cannot regard his *knowings* as perishable stuff, and I often find myself asking: what will become of *it* when the house that holds it *now* is vacated? And somehow, I always conclude, that when the tenant "moves" he will *take it with him.* I know that Buchner, proud of his KRAFT UND STOFF, will laugh at me for this; but I would rather trust the light on the face of Leumas the Larger *when he looks up*, than the logic of ten thousand Buchners. Feeling is born in us—logic is learned.

"The wish, that of the living whole,
No life may fail beyond the grave,
Derives it not from what we have—
The likest God within the soul?"

Bless me, how I am digressing! Let me write a name for the topic of our last pipe-chat, and try and give you the dry bones of it.

ON SIGNATURES.

Leumas the Lesser (that's me—five feet, four-and-a-half inches, and Crispin says, "higher heels will break your neck, sir,") had been reading Grauvogl Part I, paragraphs 92–3–4, when in came Leumas the Larger to lunch. The last ripples of a smile which had wrinkled my face caught his eye, and an incisive "What now?" cleared the silence. "The scientific Grauvogl gives the 'lung of a fox as a *remedy* for the so called humid asthma,' that's all!"

It was spoken in that tone which mentions a mountain as though it were a mole-hill. Big L. (so let me call him henceforth,) does not like that tone; and you may depend upon it, whatever displeases his ear must have something wrong in it. "What do you *know* about 'signatures'?" asked he, quietly.—Have you ever felt the moral force of a quiet inquiry? It is immense; it will take the deviltry out of an idle laugh quicker than anything known to man. Michael de Montaigne knew this force, and he crucified his Ego-pride with the *Que scais je?* which he took for his motto.

Challenged so calmly, little L. found his knowledge of 'signatures' so small that he could not lay his hand on it when he wanted it. Not that he was really ignorant, either. Have you never felt that you have two kinds of knowledge—the one crystallized into a definite shape, an actual tangibility which you can bring out for inspection when occasion demands; the other something *in solution*, as it were, and not yet precipitated into a crystal? Have you not found that sometimes at a bedside a something flashes into memory of which you had not before *felt* that you had it in your possession? That was the crystallizing process, and he who has once experienced this insults the Great Giver of the gift if he is not an assiduous reader. The thing read may go into solution, that is, may not be vividly recollected a week after if one attempts a review; but wait for the *occasion*, and in that one divine flash it takes all its angles and becomes a gem which memory will carry with it even to the *other side*.

"Well," said I, "the doctrine of 'signatures' is a fanciful—"

"'Fanciful?' How do you know; what is your experience?"

I don't wonder a bit that the Athenians gave Socrates F℥viii of Prof. Harley's *Succus Conii*, for really a charge of interrogation points is every whit as disagreeable as one of bayonets; but there is such a trick as unlocking a bayonet known to good swordsmen, and like Abou Ben Adem I "spake more low, but cheerily still," saying: "But, doesn't the thing show its absurdity on its very face?"

"My boy," rejoined big L. "the only thing you can safely judge by its face in these days is a United States Bond, or a

National Bank Note. When the devil coaxed Eve to eat the apple he told her that she should know everything. He lied, like the big humbug that he is ; but somehow all her children ever since have acted as though he had told the gospel truth. What else but the devil can make us assume to know that which we can come to know only upon reliable testimony or by personal experience? The doctrine of 'signatures' may not be dismissed by any *a priori* condemnation. Get up that ladder. You see that little book in the russet brown cover, with a red label shining like Bardolph's nose—up on the sixth shelf—bring it down."

The dear old fellow had got a book in his hands, and I felt safe. I hadn't exactly *unlocked his bayonet*, but he wasn't going to run me through and pin me to the wall with it.

"Quercetanus, Crollius, Nollius, Baptista Porta, Coles, Schroderus, Culpeper, Johnstonus, and many others wrote on 'signatures,' and I will read a list of remedies which they believed to be indicated by *signature*:—

For the Head in general. Walnuts, piony, poppy, squills, agaric of the larch tree, turpentine, Indian nut, (Nux Vomica) and flowers of the lilly of the valley.

For the Brain. Wood betony, sage, rosemary, marjerome, primroses, cowslips, bear's ears, lilly of the valley and misletoe.

For restoring Hair. Quinces, moss, and maiden-hair.

For the Eyes. Fennel, vervain, roses, celandine, rue, eyebright, clary and hawk-weed, herb paris, grains, and anemone.

For the Ears. Assarabacca, ground ivy, ivy, poplar tree, nightshade, sow fennel and sow-thistle.

For the Nose. Wake Robin, flower-de-luce, horsetaile, shepherd's purse, willow, bistort, tormentil, cinkefoyl, and sowbread.

For the Mouth in general. Medler, mulberries, mints, purslain, and golden rod.

For the Scurvy. Scurvy grass, small houseleek, aloes, fumitory, and cresses.

For the Teeth. Pine, pomegranat, mastick, masterwort, coral, coral-wort, rest harrow, henbane, and wild tansy.

For dryness of the Mouth. Flea wort.

For diseases of the Throat, roughness, quinsy, King's evil, &c. Throat wort, date tree, wintergreen, horse tongue, figge wort, archangel, fox glove, orpine, pellitory of the wall, wheat, barley, garlick, liquorice, figge tree, hyssope, ragwort, plantine, columbines, cudweed, and Jews ears.

For shortness of Breath, Coughs, expectorations, hoarseness, &c. Elecampane, almond tree, vines, reeds, sugar cane, jujubes, sebestens, scabious, coleworts, nettles and turneps.

For contracting Women's Breasts. Ladies mantle and sanders.

For breeding Milk. Aniseed, nigella, mallows, dill, rampions, periwinkle, and lettuce.

For swollen Breasts. Fennel gyant, gourds, basil, beans, lentils, and lillies.

For sore Nipples. Dock cresses.

For the Lungs, stoppings, consumption thereof, &c. Horehound, lung wort, tobacco, sun dew, hedge mustard, colts foot, woodbine, mullein, cowslips of Jerusalem, sanicle, polypody, whortle berries, and sweet cicely.

For the Heart, qualms, faintness, &c. Angellica, saffron, borage, violets, strawberries, wood sorrel, bawlm, marigolds, swallow wort, goats rue, vipers grass, pomecitrons, gentian, scordium, burnet, avens, cloves, clove gilloflowers, lignum aloes, cinnamon, and viper's bugloss.

For stitches and pains in the sides. Carduus benedictus, our ladies thistle, camomile, sweet trefoile, melilote, oats, valerian stitchwort, flax, and linseed.

For purgiug the Stomach. Wormwood, myrobalanes, groundsell, radish, black alder, oyly nut ben, sene, daffodils, white hellebore, and purging cassia.

For breaking wind. Carrawies, cummin, camels hay, ginger, galanga, cardamoms, pepper, nutmeg, coriander, and orange.

For cooling and strengthening the Stomach. Apples, pears, peaches, apricots, plums, cherries, gooseberries, barberries, currans, or ribes.

For the Liver. Rubarb, tumerick, agrimony, liverwort, succory, alecoast and maudlin, docks, sorrel, beets, smallage, cleavers, and chickweed.

For the Dropsie. Elder, soldanella, bryony, mechoacan and jalop, broom, ash, ague tree or sassafras, palma christi or great sporge, glasswort, spurge laurel, toad flax, and bastard marjerome or organy.

For the Spleen. Dodder, black hellabore, tamarinds, spleen-wort or miltwast, harts tongue, ferne, capers, tamarisk, germander calamint, poley mountain, and lupines.

For the Reins, Bladder, Stone, Stranguary, &c. Asparagus, parsly, marsh mallows, goats thorn, spiknard, sweet smelling flag, cyperus or English galingale, hops, knot grasse, parsly pert, saxifrage, dropwort, gromel, onions, winter cherries, dogs grass, butcher's broom, chervil, brooklime, hawthorn, limmons, cypresse tree, kidney wort, kidney beans, oak, bucks horn, plantain, fraxinella, and all-heale.

For the Colic. Bay tree, holly, juniper, olive tree, colloquintida, and bindweed.

For the Worms. Centory, lovage, tansey, lavender, cotton, carrots and parsnips, spignel, bishop's weed, English wormwood, leeks, and horse radish.

For Looseness and the Bloody Flux, &c. Sumach, myrtle, cistus, black thorn, bramble, teasel, rice, flixweed, pilewort, and water betony.

For provoking Lust. Artichocks, sea-holly, potatoes, skirrets, pease, rocket, mustard, cotton, fistick nut, chesnut, chocalate, satyrious, and dragons.

For abating Lust. Agnus, or the chaste tree, hempe, water lilly, hemlock, camphire and tutsan.

For provoking the Termes. Mugwort, penniroyal, southern wood, savory, time, olerander, anemony.

For stopping the Terms aud the Whites. Comfrey, mousear, yarrow, medesweet, adders tongue, lunaria, trefoile, money wort, darnel, flower gentle, blites, dragon tree, beech tree, and hazel nut tree.

For the Mother. Motherwort, feaverfew, callamint, burdock butter burre, orach, assafœtida, and cow parsnep.

For expelling the dead Child, aud afterbirth. Ground pine, savin, and birch tree.

For expediting Childbirth. Birthwort, mercury, (mercurialis perennis,) madder, dittany, pepperwort, holme oak and its chermes.

For Ruptures or Burstness. Rupturewort, thorow wax, Solomon's seal, balsame apple, doves foot or cranes bill and elme.

For the French Pox. Guajcum, China, and Sarsaparilla.

For swelling in the Groin. Star wort and herbe Paris.

For green Wounds aud old Ulcers. St. John's wort, arsmart bugle, self heal, Saracen's consound, loosestrife, daisy, and speedwell.

For drawing out Splinters. Pimpernell.

For felons. Woody nightshade.

For surbated feet. Ladies bedstraw.

For excresencies. Agarick, galls, and other excresencies of trees.

For the jaudice. Celendine, saffron, and centaury.

For pimples, tetters and ringworms. The bark of the birch tree, and tree lung wort.

For spots. Garlick, wake robin, friars cowle, arsmart, and spotted lungwort.

For the polypus. The root of the lesser celandine, and of polpodie.

For the scab. Polypodie, and savin.

For yellow choller. As *ailment.* Saffron, beets, figs; as *medicine*—aloes, sene, wormwood flowers, spurge, coloquintida, and rubarb.

For prassine choller—(id. est: "green sickness.") Those things that have a green and herblike color; as blithes, and orach.

For pale choller—(i. e.: anæmia.) Briony having pale flowers.

For melancholy. Black blite, borage, buglosse.

For flegme. Gourds and lettuce.

For mixt humors. Things of a mixed colour."*

His pipe had gone out, and he relighted it, puffed away, leaving me the meanwhile hermetically sealed in silence.—What could I say, buried as I was in such an avalanche! I didn't say. I only thought; and my thought was that incredulity is the mint-mark of ignorance, while the truly learned is bravely credulous. The latter may often accept a figment for a fact; the former will often crucify a truth; one is a mistake, the other a sin. Milton in his *Areopagitica*, and Hering in his *Trost Elegie*, show a parallelism of thought in regard to this.

O big L. of Ailantus Hall, be it mine, as it is thine, to make the mistake because of the Adam in me; to avoid the sin because of a heart catholic to truth!

His pipe had gone out again, for he was taking his noon nap. Do you think this indolence? Ah, you don't know big L. I know him only in so far as a pint cup can comprehend a hogshead, but of all whom I have known in flesh there be none of whose moments fewer have flown into eternity *with dust on their wings*. That short noon nap is a "conservation of force," devoutly to be wished for every "doctor" who has passed the meridian. Let the Penguins of the Profession take a hint.*

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* PAMBOTANOLOGIA, *Sine, Enchiridron Botanicum, or a Compleat Herball, &c.* The Second Edition. By ROBERT LOVELL, Oxford, 1665.—pp. 16—19.

Henceforth I shall be civil to "signatures"—every homœopath owes them fealty; for who can "read between the lines" and fail to see how they corroborate our therapeutic formula? Hale says every *cure* is a homœopathic one—bully for Hale when he reads this, I am sure he will double his bets al around.

Speaking of "signatures" and of the physicians who devised them, Grauvogl says: "It is very probable that they first observed the success of these remedies, and then sought, from some of their external peculiarities, a suitable characteristic according to the notions of those times." In other words, "that they made those so-called conclusions from signatures *a posteriori*."

We dont believe this at Ailantus Hall.

(To be continued.)

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* In the Welsh language, I am told *pen*=a head; *guin*=white; *guin pen*=white head.

EUCALYPTOL.—Dr. Sidney Ringer says: "It affects animals as man. They become active, and their senses are made more acute. Excitement is followed by tranquillity and lethargy. Arterial tension is diminished; the temperature falls. Circulation is stimulated by the action of the remedy on the sympathetic. Even moderate doses if continued for some time,produce an asthenic state. The temperature falls a degree to a degree and a half below natural. The pulse becomes less frequent, and may fall to fifty beats per minute. The senses (and the muscular sense) are blunted. The functions of the brain are unaffected, there is no stupor, and the size of the pupil is unaltered. The reflex functions of the cord are depressed. These symptoms, rare in young and vigorous people, but more easily produced in old persons may excite alarm, but are without seriousness, and are removed by a cup of coffee."

Materia Medica of New Remedies, &c.

PROF. E. M. HALE, CHICAGO. ILL., EDITOR.

SOME NEW SYMPTOMS OF BAPTISIA TINCTORIA.

BY E. M. HALE, M. D.*

Baptisia. ever since its first appearance, has been a favorite medicine with the Homœopathic school. When indicated by the symptoms, it rarely fails to give satisfactory results. Its use in the hands of intelligent physicians, has robbed diseases of a typhoid character of much of their former terrors.

But it is my belief, that the half of its curative virtues are not known, because of the meagreness of its provings. If a small portion of the time and labor which have been wasted on worthless medicines, by those who can see no good in any indigenous remedies, had been bestowed on Baptisia, we should see it rise pre-eminent above many other polychrests.

It often happens that a medicine is prescribed, as the Baptisia has been for a pathological indication, when the symptoms of the case were not to be found in the provings. Subsequent provings however, have shown that those very symptoms belonged to its pathogenesis, and were developed by such provings.

A recent proving of Baptisia made by Dr. E. A. Wallace, has attracted my attention. He took *ten* drops of the 1–100th dilution at one time, at another *twenty drops*, and at another *thirty drops*. The following symptoms were evolved (the arrangement is my own. H :)—

HEAD.

Severe frontal headache, with severe pressure at the root of the nose.

Head feels very heavy with pain in the occiput, with stiffness and lowness of cervical muscles. Frontal headache, with fulness and tightness of the whole head ; neck stiff and lame. Heavy pain at base of the brain, with lameness and drawing in the cervical muscles.

Burning on the top of the head, with soreness of the scalp.

EYES.

Eyes feel sore and lame on moving them.

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* *N. American Journal of Homœopathy.*

THROAT.

Sore throat extending to the posterior nares; throat feels sore and contracted.

NOSE.

Sneezing, feels as if he had a severe cold, with soreness and stiffness all over.

FACE.

Burning and prickling of *left side of face and head.*

GASTRIC.

Pressure at the stomach and belching of large quantities of flatus.

CHEST.

Tightness of the chest, and desire to take a deep inspiration.

Lameness of the muscles of the chest and back, particularly when moving the head.

Oppression of the chest and difficult breathing. Pain thro' left side of chest.

BACK AND EXTREMITIES.

Painful weariness of the whole left side of the body.

Numbness of the *left hand* and forearm, with prickling.

Pain in the left shoulder and arm, and sharp, darting pains through the fingers.

Numb prickling of hand and arm, involuntary movement.

Pain in the neck, unbearable on moving the head; stiffness and lameness of cervical muscles.

Drawing pains in shoulders and arms, more in the left.

Prickling of the hands and feet, with numbness, more on motion.

Left foot and leg prickly, and can move but little.

Paralysis of whole left side; left hand and arm entirely numb and powerless.

Pains in both hips, with numbness.

Wandering pains in all the limbs, with dizziness; feels sore and stiff all over.

BLOOD.

Five or six weeks after these provings, livid spots all over his body and limbs, from the size of a pea to a three-cent piece; they were irregular in shape; not elevated; and without sensation, (never had the like before.)

There are some singular points about these provings.

(1.) All the symptoms, even the paralysis, appeared within a few hours after taking the drug, and disappeared before the expiration of *twelve hours!*

(2.) The appearance, six weeks after, of livid spots all over the body, without any special discomfort. (While it may be doubted if the livid spots were the result of the proving, there are some peculiarities in the nature of Baptisia, that render it more than possible.)

(3.) From the 10 drop dose, he had numbness and prickling; from the 20 drop a *sensation of paralysis*, with numbness and prickling, and, finally from the 30 drop, actual (but transitory) paralysis occurred. These symptoms, and the mode of their appearance, denote something more than a catarrhal or a rheumatic-like attack. Only a sudden and profound impression on the central nervous system could induce such effects.

The "wandering," "lame," "sore," and "drawing" pains were but precursors of final culmination. Is it not possible that a young, robust person would soon rally from these symptoms, but owing to the deep impression made at the time have remote after-effects in the shape of "livid spots' the results of injury done at the time of the proving? The same thing occurs after slight attacks of cerebro-spinal congestion. The patient will rally quickly, and appear well, but weeks afterwards the "*spots*" will appear, without injury to the general health. It will be remembered that Dr. W. S. Searle used the Baptisia successfully in an epidemic of "spotted fever." He gave it for similar symptoms as those above enumerated. But at that time no such symptoms had been elicited by its provers.

This incident proves, what I have often asserted, namely: that provings will elicit symptoms and conditions similar to those cured by a drug, when prescribed in an empirical manner, or on general pathological indications.

By reference to and comparison with the provings of Baptisia hitherto published, it will be seen that many of the symptoms are *verifications*, while others, notably the *paralytic*, are new, and of undoubted value. I predict it will prove a greater remedy for certain kinds of paralysis than we have thought.

It is to be hoped that Dr. Wallace will re-prove Baptisia, both in the owest and highest dilutions.

STICTA PULMONARIA.

BY P. SCHEURER, M. D.

The *Observer* for 1864 contains an excellent account of *Sticta pulmonaria*, which I much esteem, and which helped me through in a very serious case about a year ago.

A lady about 30 years of age contracted a bad cold, got very sick; chest much affected, had a peculiar pulsation from the right side of the sternum down along the ribs to the abdomen. An allopathic physican, (her family doctor) had the case in hand for some 2 or 3 weeks, but could do nothing with it ; and though he dosed her with medicine outrageously, (according to allopathic practice) she grew still worse. At last I was called in to take charge of the case. I did so ; but my prescriptions for the first few days did not produce much of a change for the better.

The description I had read in the *Observer* about *Sticta pulmonaria* struck me forcibly ; I gave it to the lady in water, and behold it worked like a magic ; almost immediately she commenced improving, and on the second or third day she began to attend to her domestic affairs. I consider it a great remedy in all kind of catarrhal affections.

Dear Sir. I think we homœopaths ought strictly to adhere to what we profess to be, and there is always great danger in any system when we assume more of the scholastic than of the real practical character. I humbly presume not to be the wisest, but perhaps the strictest homœopath of the present times—I am a Hahnemannian—and I must confess I have met with great success during the long period of my practice, in all kinds of diseases.*

For many years I made use of the 30th attenuation, but now for a considerable time I have mostly used the 6th potency. I had fully as much success when I employed the 30th as I have now. My universal rule is to give small doses, generally in globule form, not repeating the doses too frequent, unless in cases of urgent necessity. I know homœopathic physicians that give large doses of medicine with frequent repetitions, placing as many globules in one powder as I often use in the cure of an ordinary disease. Thus even the homœopathic physician, will often throw barriers in his own way, by which he will either aggravate the case or make a protracted cure of it.

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* The Doctor is 75 years of age, and has practiced Homœopathy for over a third of a century.

MACROPIPER METHYSTICUM.

The following account of a plant used in the Sandwich Islands, would suggest its use as a homœopathic remedy for Leprosy and other affections of the skin, as well as for some cerebral diseases. A tincture might be made from it, and it could be introduced into our Materia Medica as a valuable agent:—[*Hale.*]

Ava, the inebriating drink of the Sandwich Islanders, is made from the root of a pepperwort (*Macropiper methysticum*) by a sufficiently disgusting process. The root is chewed by women, and spit with copious saliva, whose secretion it stimulates, into a calabash. A little water is added, and the remaining juices in the roots are squeezed out with the hands. The liquid is then strained through cocoanut fibres to separate the woody particles it may contain, and the Ava is ready for consumption.

It is drank just before or after supper, one may take from 2 to 4 gills to produce the desired degree of intoxication. It is a nauseous dose, of the color of thick green dish-water, and of an excessively disagreeable taste. The effect, however, is delicious. It induces immediate slumber, which lasts from twelve to twenty-four, or even more hours, while dreams of the most captivating character charm the long torpor.

The effect of Ava upon habitual drinkers is disastrous in the extreme. The body becomes emaciated, and the skin is covered with large scales, as in leprosy, which, falling off, leave lasting white spots that often degenerate into ulcers.

TRIMETHYLAMINE IN THE TREATMENT OF ACUTE ARTICULAR RHEUMATISM.—Dr. G. Peltier, (*Progres Medical*) discusses the whole of the recent observations on this subject (forty-eight in all,) and analyses them. Taking them altogether, it appears that of forty-eight cases treated by Trimethylamine, twenty-two cases were cured in less than eight days, eighty-one in eight to fifteen days, seven in fifteen to thirty days, and eight have not appeared to be much, or at all influenced by the treatment.

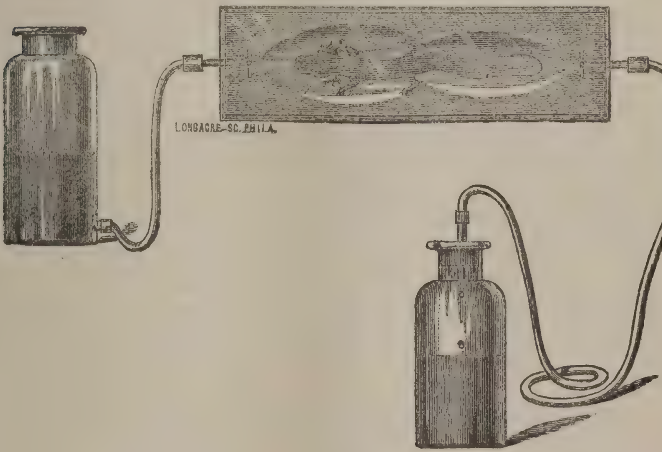
American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

"HOLMAN'S MICROSCOPE SYPHON SLIDE"*

"I desire to call the attention of the society to this novel contrivance, which I have had in operation with entire satisfaction. It is certainly a great invention, and in it I find just the very slide needed for my line of investigation, in proving the atmosphere and examining its floating particles and microscopic contents.

The following extracts from the proceedings of the optical section of the Franklin Institute, will explain Mr. D. S. Holman's "*Syphon Slide*," an engraving of which is herewith shown.


LONGACRE-SC. PHILA.

This invention presents a modification of the chamber of Mr. Holman's former device, known as "Life Slide." It has finer perforations at each end of the chamber, too small to permit the escape of the animal under view, but sufficient to maintain a flow of water. These openings merge into cylindical mouths, to each of which is attached a tightly fitting elastic tube; one of these communicates with the reservoir of water, while the other acts as an escape conduit.

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* Dr. Bushrod W. James Notabilia before Philadelphia Co. Society—*Hahnemannian Monthly.*

The position of the slide when in use, must be slightly *above* the level of the reservoir, while the escaping tubes must rest *below* the reservoir—thus insuring a veritable syphon action in the apparatus, a constant flow of water being thus secured, in connection with the required atmospheric pressure for the retention of the cover of the slide. By this ingenious device, living aquatic animals may be retained in the chamber in a natural condition for hours and even days.

Mr. Holman exposed a young larva of Salamander for an hour, to the full influence of the oxyhydrogen light, with no apparent injury to the subject.

By critical watching of the screen, the circulation of the blood in the minute arteries of the animal was clearly visible—a result, it is believed, never hitherto presented to an audience during such an extended period of observation.

The "*Holman Syphon Slide*" is an invention, the want of which has been felt by all teachers and students in histological studies.

By its means a constant current of either cold or hot water, adjustable at will, may be caused to flow across the stage of the microscope without interruption, for hours and days together, thus giving a convenient means of leisurely studying the circulation of the blood, with its attendant phenomena, in many animals, without the slightest exhaustion of respiration, and without CURARA or *chloral,* which narcotics always create pathological conditions unfavorable for such observations.

The migration of white blood corpuscles in tissues not mutilated—the phenomena of inflammation—the delicate nerve fibres in living tissues—living epithelium, and many types of aquatic respiration—fresh water or marine, are all brought within easy study of every teacher or student.

There was kept under observation for a week, in one of these slides, a larva of a Chironomida, and besides the beautiful spectacle of its blood-red organization, the observer was able to watch its habit of weaving a silken tube under water, in order to inhabit it for protection against its enemies.

When opticians shall give us lenses of power and light enough to be used successfully in the oxhydrogen or electric lantern, this contrivance will render, if possible, to keep even a living trout just hatched from the egg, under the beam of illumination for hours if desirable, without exhaustion, because a constant current of ice-cold water may be drawn over the animal by the syphon action of the slide."

RAT-BANE.—It is said that rats have so great an aversion to Asphodel that, if it be grown about the places which they haunt, or if the plant be placed in their holes, it will effectually banish them. It does not destroy or injure the rat, but is an intolerable offense to him. The Asphodel is a bulbous plant belonging to the Lily family.

CINCHO-QUININE.

The following communication from J. F. Miller, M. D., of Goldsboro', N. C., appears in the *Philadelphia Medical and Surgical Reporter*, of February 14th, 1874 :—

The comparatively new article of medicine, *Cincho-Quinine*, having become a subject of much comment by quite a number of medical gentlemen, I have been induced to try it in my own practice. I have been using it freely for about twelve months, and have fairly tested its virtues, both as a tonic and antiperiodic, and I can safely recommend it to my professional brethren as a most valuable medicine.

I have observed but one unpleasant effect on children, *i. e.*, an efflorescence of the skin after giving the medicine for several days in full doses ; but this effect is comparatively rare and really of little importance. I do not regard the Cincho altogether equal to the Sulphate of Quinia as an antiperiodic, of the same quantity by weight, but probably about one-eighth weaker ; that is to say, it will require one-eighth more by weight of the Cincho to make it equal to the Sulphate of Quinia as an antiperiodic. But the Sulphate costs a little more than one-third more than the Cincho, which, as a pecuniary investment, leaves a balance in favor of the latter article.

The Cincho-Quinine certainly agrees with the stomach better than the sulphate, and produces little or no nervous derangement, and is consequently preferable to the Sulphate in many cases. Notwithstanding the eruption that now and then appears from its exhibition to children, I regard the Cincho-Quinine the very thing for this class of patients, for by making an elixir of the medicine, they take it very readily, which is a most important consideration.

The following are only a few of the many cases of children treated with the Cincho-Quinine, and I also give the formula used by myself in preparing the elixir :—

Ella, child of W. F. F., aged eighteen months, has had intermittent fever, quotidian form, for several days. Chill believed to appear from eight to ten o'clock, A. M.:

℞	Cincho-quinine, - - - - - -	grs. vij.
	Aro. sulph. acid, - - - - - -	gtt. v.
	Syr. zingiberis,	
	Aquæ rosæ, - - - - - -	aa oz.ss.

Mix and dissolve. Sig. Teaspoonful at eight and eleven P. M., and two and five A. M.

No perceptible chill, but a slight fever came on about one o'clock, P. M. Repeat the prescription at five, seven, nine, and eleven, A. M., following day. Result, no chill or fever, and patient recovered without further difficulty.

Tommy, son of T. B. H., aged five years, has had two chills, tertian form; the last chill being very severe and fever lasting unusually long;—Bowels costive. Time of chill seven A. M.—

℞ Hydr. chlo. mitis.
Leptandrin, - - - - - aa gr. ij. M.

Sig. Take at bedtime.

Medicine acted well early next morning, and at eight and eleven, P. M and two and five, A. M., two teaspoonsful of the following mixture were given:—

℞ Cincho-quinine, - - - - - grs. xij.
Aro. sulph. acid, - - - - - - gtt. vij.
Syr. zingiberis.
Aquæ rosæ, - - - - - - aa oz.j.

Mix and dissolve. Result, no return of chill or fever, and patient rapidly recovered. The remainder of the prescription was given to him in teaspoonful doses *ter in die.*

The last case that I shall notice, (though many others might be given) is that of my own child, Charlie, aged seven-and-a-half years. To him I gave the same prescription given to child of T. B. H., with a like result.—A few drops of tinct. Cinnamon will add to the agreeableness of the elixir of Cincho-Quinine.

PROGRESS OF SOCIAL EVIL LEGISLATION.

The *Pacific Med. and Surg. Jour.* says: The license of prostitution—for that is the way to put it, spite of such disguises as "Social Evil," and "Contagious Diseases"—does not appear to take well in America. St. Louis took the lead three or four years ago, and adopted that peculiar system of legislation. We had glowing accounts of its success, and St. Louis was fast becoming chaste and healthy. But the good people of St. Louis do not appear to have believed the story of reform, and they rose against the law, and the courts pronounced it unconstitutional. This was the end of it in St. Louis.

An attempt was made two years since to introduce it in San Francisco, but the people and the legislature concluded to wait for more experience. Prior to the last session of the legislature the announcement was made that the subject would again be introduced. But it was not. About two years ago, strenuous endeavors were made to introduce the Parisian system in Louisville. The Louisville people examined it carefully, and the Chief of Police reported decidedly against it. So it was rejected from Louisville. Cincinnati, was next tempted, and the aldermen of that city, some of whom are said to regard beer as a nutritious beverage, came very near enacting the law. But the people of Cincinnati were alarmed and the scheme was abandoned. Chicago undertook it, and her local legislature seemed about to adopt the plan, but the legislature of the State was invoked, and a law was passed prohibiting all licensing of prostitution within the limits of Illinois. Some movements are on foot in Philadelphia to introduce the system in that city. But we should think Philadelphia is the last place in our country to tolerate it.

As the case now stands, the legal recognition and licensing of prostitution has no foothold in the United States. The spirit of our people seems immovably hostile to it. To license an acknowleged vice is repugnant to the popular conscience. The mass of intelligent and moral people cannot be seduced into the commission of what they deem wrong, by glittering promises of good results. They will not believe that thorns can be made to bear grapes, or thistles figs.

ALLOPATHY.—An old correspondent writes:—Homœopathy is fast gaining ground in this part of the country, notwithstanding the insiduousness and treachery of many of the "old school" doctors. By their sneers and contempt at our system, they make themselves contemptible in the eyes of all sober thinking people in the community. It is lamentable to behold the injury, and in many cases the irreparable injury which is entailed upon humanity by the old system. But I hope the day may come, and God speed it, that the eyes of the people will be opened to the true healing art. For allopathy is the canker-worm to the nation's health, a leech to the purse, and death's great reaping machine, which requires a great army of undertakers, to rake, bind, haul in the sheaves, and stow them away in death's great storehouse.

CRITICISM.—At the recent meeting of the Illinois State Homœopathic Seciety, Dr. W. H. Burt, of Chicago, of the Committee on Materia Medica, read a paper on that subject. New books were reviewed and criticised, Dr. Burt stating that one of the works about to be published was likely,when complete to contain 43,772 pages, in 62 volumes of 706 pages each, and costing $310. He criticised Hale's book, and the author, who was present, acknowledged the justice of the comment,and said he hoped to correct the objectionable portions in the fourth edition.

ENLARGED SPLEEN. Dr. Hanlon, of Middleville, Mich., says, that at a *post mortem*, he took from a man of 50 years an hypertrophied spleen weighing 12½ pounds.

UNLUCKY.—In India it is considered *most unlucky* to summon a doctor away from his dinner, bed, the church, or theatre. Happy clime!

THE ALLEGED DEGENERACY OF THE HUMAN RACE. Dr. J. M. Da Costa, in his late valedictory address to the Graduating Class of the Jefferson Medical College of Philadelphia, remarks as follows : "What we hear about the physical degeneracy of the human race is very doubtful. I think men as well-formed and as capable of continued exertion as ever. When we call to mind the marches of the British troops in India and Abyssinia, or of the Prussians in their late campaign ; when we reflect on the splendid heroism, the privations endured, the extraordinary vigor of the men, both from the North and South, who were citizens one day, soldiers another, and who, brethren again, have raised the American name into a synonym for determination and endurance, it takes very strong faith to believe that the men of the second half of the nineteenth century are degenerating."

NECROLOGICAL.

DR. BERNARD HIRSCHEL.* We have heard,through the *Allgemeine Homoopathische Zeitung*, with deep regret, of the death of Dr. BERNARD HIRSCHEL, which took place at his residence at Dresden, on the 14th January, from strangulated hernia.

Dr. Hirschel has, during the five-and-thirty years that he has practised homœopathically has earned for himself the distinction of being one of the most scientific and thoroughly practical physicians among the homœopathists of Germany. He has been a large and useful contributor to our literature both by independent works and through the pages of the *Neue Zeitschrift fur Homoopathische Klinik*, which, during many years, was edited by him with much care and great ability.

He was the author of a "History of the Brunonian System," that appeared some five-and-twenty years ago. In 1851 he published "A Guide to the Righ Understanding and Personal Investigation of Homœopathy," which passed through several editions. A portion of this work was translated by Dr. Hayle, of Rochdale, under the title of "Rules and Examples for the Study of Pharmacodynamics," In it is presented a plan for studying the Materia Medica,which while it involves a great deal of tedious labor, enables us to get a better idea of the *modus operandi* of a medicine than any other with which we are acquainted, except, perhaps, that proposed by Dr. Dunham.

Having had an opportunity of practically testing both methods,we are disposed to prefer Dr Hirschel's in the case of medicines where we have not access to the original provings, but only to the symptoms arranged in the Hahnemannian schema ; while Dr. Dunham's is better adapted to those medicines the action of which we can study in well recorded experiments. Dr. Hayle's translation of Hirschel's valuable work is, we fear, but too little known, and we would strongly advise those of our body who have the requisite time to study each of the best medicines in the chronic diseases in accordance with the plan laid down therein. He subsequently published "The Homœopathic Medical Treasury," of which the seventh edition appeared last year. His last work was "A History of Medicine." This, from the excellent description which it gave of the Vienna School of Medicine, bringing the record of it up to the most recent times, met with much approbation.

As a physician he was much respected. His circle of patients was a large one, including, besides many of his fellow-citizens. a large proportion of the English and American residents in Dresden—no small tribute, we may remark, to the reputation his contributions to homœopathic literature had procured for him both here and in America.

The chief characteristic of Hirschel, one which distinguishes the works we have named, as well as those which appeared in his journal,was the determinatiou with which he sought the development of Homœopathy from a scientific point of view.

The *Neue Zeitschrift fur Homoopathische Klinik* was established in 1852, and was continued under his management, until a year or two ago, when, unable in consequence of declining health and the extent of his private engagements to superintend it any longer, and being unable to find a suitable successor, it was discontinued. In the conduct of this excellent periodical, he was assisted by Trinks, Elb, Arnold, and many others, whose names are inseparably connected with the exact and scientific developement of our system.

In Dr. Bernard Hirschel our German colleagues. and indeed the whole body of homœopathic physicians, have to deplore the loss of ono of the ablest and most skillful of their number

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* ***Monthly Homœopathic Review.***

Gynaecology.

W. H. BLAKELEY, M. D., BOWLING GREEN, KY., EDITOR.

ENDOMETRITIS.

Was called March 5th, 1874, to see Mrs. G——, who supposed herself to be in the 8th month of gestation.

History of Case. Age 32, nervous temperament, dark hair and eyes, inclined to melancholy and weeping, was married at 18 years of age. Conceived the first year and miscarried at 8th month; caused by overdoing when moving. Has had four miscarriages since at different periods of gestation; cause not known. Present sickness dates from October, 1873, two months after supposed conception; at this time had the usual symptoms of pregnancy, but was troubled more than is usual with nausea and vomiting, pain and soreness in hypogastrium and back. A "regular" physician was consulted who pronounced her pregnant, and the unpleasant symptoms as sympathetic; he treated her until the time I was called when she presented the following conditions:—

March 5th, 1874. Has been confined to bed for 4 months; appearance anæmic; pulse feeble, 120 per minute; tongue coated light yellow; stomach slightly distended with gas and very sensitive to pressure, feels sore; constant nausea and vomiting, everything taken into the stomach is rejected, with exception of a small quantity of chocolate occasionally; "eating feeling in the stomach," no appetite; bowels very much distended with gas and very sensitive to pressure, feels sore; sitting up in bed, jarring the bed or walking heavily upon the floor causes soreness; *motion of child* (apparently strong) *gives pain*; tenderness mostly in hypogastrium, feeling of fullness and bearing down; first felt life at 4 1-2 mos., motion has been strong and constant since, *"felt it when it (the child) turned;* has good deal of pain in right hypochondriac region; bowels constipated; chilliness, chill commenced in the feet, followed by high fever, no sweat, chill several times per day, and at night also; coldness of right side of body aggravated at night, has to be rubbed to excite circulation; chilly on motion, when lifting the bed clothing, back and limbs ache before chill;—menstruation was suspended first two months of gestation, re-established at third month, has been regular since; menstrual fluid is dark and clotted, at times too copious at others too scanty, generally lasts three days; has good deal of pain in stomach, abdomen, back, and down the limbs, for three days previous to and during menstruation; all symptoms are better after menstruation for a few days; profuse leucorrhœa, worse before and after menstruation, yellow, sometimes bloody, at times smarting; restless at night; urine scanty, high colored, burning, white sediment adheres to vessel; coldness in top of head.

Diagnosis at this time—Quinæ, Bismuth, Pulv. dov., &c.

Treatment—Nux vomica, 3d dec., two hours apart.

March 8th. Made physical examination.

Diagnosis—Endometritis.

Treatment—Nux vomica 12th, alternated with Pulsatilla 12th, three hours apart.

Water was used freely every day for bathing and vaginal injections; compresses to the hypogastrium of salt and water; bowels kept open by injections of warm water; put her upon nutritious, but mild and unstimulating diet; plenty of fresh air admitted to room daily, and cheerful company recommended.

In a few days she began to improve, and is now after seven weeks treatment, attending to her household duties. The only remnant of her illness at present is some tenderness in hypogastrium. No change was made in the treatment, with exception of diet, which was changed to meet demands of system and caprices of the patient.

May 1st, 1874. Physical exploration discloses tenderness in the ovarian and uterine regions; uterus is somewhat sensitive to manipulation; no other traces of Endometritis.

There were other remedies fully as well or better indicated than the ones given, and had not improvement been prompt and uninterrupted, should have changed. As it is, however, I am well pleased with the result.

EDWIN GILLARD.

P. S.—Patient was very much disappointed for a time at explosion of pregnancy bubble, but now cannot understand how she could have been *so deceived.*

LOCAL APPLICATION OF NITRIC ACID.—In the transactions of the Gynæcological Society of New York, I notice the use of chemically pure *Nitric acid* as an application to both cervical and corporal canals applied through a bent glass tube by means of a glass stylet and wrapped with cotton around the end, which is dipped in the acid, the above is corroborated by Dr. T. G. Thomas, of N. Y., who uses it very extensively in his practice, with however, the precaution to keep the patient very quiet for some hours after, then only applies it to cervical canal.

I have often used it where I find it necessary to use local means, I prefer it to the *Argentum nitricum*, using only the dilute acid, and then apply it only to those slow and indolent superficial ulcers of os and cervix, though I never neglect the internal use of a suitable remedy, at same time generally using same internally as externally, giving in such cases from the 1st to 6th dilution.

NERVOUS EXCITABILITY.—In Journal Gynæcological Society of New York among surgical means used was an operation by Dr. Thomas for the relief of intense and incessant nervous excitability, referred to both ovaries, which were removed in a normal state or not in a state of cystic degeneration, which is so common with those organs. Patient reported doing well.

In cases of that kind a good homœopath rarely fails in giving relief in a short time with remedies strictly according to our law of *similia.* In cases like the above I find a prompt response to the *Sul. Atropia*, given in 3-10 dilution, giving a dose at intervals of 1-2 to two or four hours according to the severity of case, though it must be checked if it produces the peculiar redness and heat of face so characteristic of Bell. If I find no relief after the face flushes I conclude that it is not the remedy, and use some other ; for right ovary I find *Podophyllum* a precious remedy. Ignatia Zinc-val., Macrotin, Chamomilla, &c.

—The Faculty of Medicine of the University of Kiev, have decided on establishing a dispensary for accouchements and the diseases of women.

VAGINAL INJECTION FOLLOWED BY DEATH.

M. Lorain, (*Gazette des Hospiteaux*, "London Med. Record,") has published a remarkable case in which death followed the use, for a girl aged sixteen, suffering from gonorrhœal vaginitis, of an injection of a small quantity of weak solution of nitrate of silver into the vagina. The injection was made slowly with a small glass syringe. This was followed by acute pain, considerable elevation of temperature and vomiting. There was an amelioration of symptoms for two or three days, but on the fourth day death occurred suddenly. There had been no tympanitis. The necropsy showed suppurative inflammation of the mucous lining of the womb. The Fallopian tubes were infiltrated with pus, and there was pus in the peritoneal cavity with diffuse peritonitis.

M. Lorain cites cases in which the exploration or simple cauterisation of the cervix has caused death, related by Bourdel and Martin, by Cesar, Dolbeau, Behier, and Letecuturier; with cases of Jobert de Lamballe, in which the cauterization of the cervix with a hot iron caused death.

According to M. Lorain, the injection plays but a small part in the developement of these fatal accidents; the penetration of the pus from the Fallopian tubes into the peritoneal cavity being explained by the contractile powers of the tubes and the tubo-ovarian nervous excitability caused by pain. Thus, a woman suffering pain and having symptoms of inflammation associated with the tubes and ovaries, is always exposed to considerable danger. The practitioner must, therefore, prohibit her from all exertion and causes of excitement, employ opiates and hypodermic injections to calm pain, prescribe emollient enemata and vaginal injections, then apply bandages or elastic collodion to the belly, and make only such examination as is strictly necessary for diagnosis.

AMPUTATION OF VAGINAL PORTION OF CERVIX UTERI.

Dr. Spiegelberg (*Arch. f. Gynæk.*, Band v. Theil iii.) has arranged in a a tabular form, sixty cases in which this operation has been performed.—Fifty-three of these have been under his care: the remaining seven occurred in the practice of Dr. Langer. He has employed different methods of operating, Simon's Marion Sims', and Kuchenmeister's. The operation was performed for the following diseases:—

For carcinoma twenty-two times; for simple inflammatory hypertrophy seven times; for conical and elongated cervix (sterility) five times; for beak-like and alar-shaped cervix ten times. The knife or scissors was used eight times; Sims' method six times; the knife or scissors and sutures through each labia three times; the ecraseur four times; the galvano-cautery thirty-nine times.

Two of the cases ended fatally; one, a case of carcinoma, from opening up the abdominal cavity and secondary hæmorrhage, after amputation with the knife, and too forcible drawing downwards of the uterus; one from pelvi-peritonitis and secondary hæmorrhage after the removal of a carcinomatous cervix by the galvano-cautery; in this case the uterus was forcibly drawn down; one from shock after the removal of a hypertrophied cervix by the galvano-cautery; one from repeated hæmorrhage after the removal of a carcinomatous cervix by the knife; one from septicemia after the amputation of an elongated cervix by the galvano-cautery. If we except this last case, for the woman was infected before the operation, there were four deaths in fifty-nine cases. (Lisfranc had two deaths in thirty-seven; Sims had one in thirty-six, and Huguier had none in thirty.)

The following are some of the most important conclusions expressed in the paper. The operation should always be performed in the natural position of the parts; four times the peritoneum was injured through the uterus being drawn down too much, in two of these cases death followed the opening up of the abdominal cavity; in cases of carcinoma, or when the uterus is at all fixed, this caution must be carefully observed. The amputation of the cervix is not a grave operation when performed under favorable conditions. If the knife or scissors is used the wound should not be left uncovered, but some form of suture should be employed. Sims' method should only be used when the cervix is close to the vulva, or can be drawn there without any risk. The galvano-cautery is to be preferred to Chassaignac ecraseur, as much care is required in using the latter instrument to prevent injury to the neighboring parts. The galvano-cautery is best used for carcinomatous cases; the knife for the hypertrophied and elongated cervix. The best position of the patient is the lithotomy position with the shoulders raised, as the uterus is the most pressed down into the pelvis.—The best time for operating is ten to fourteen days before the expected catamenia.

PRIMARY AND ISOLATED CARCINOMA OF THE BODY OF THE UTERUS.

Prof. Speigelberg (*Archiv. f. Gynæk.*, Bd. vi., Heft 1,) communicates the following case of this rare affection:—

A woman aged forty-nine had never borne children, had suffered from a constant sanguineous discharge for a twelvemonth, and had had severe pains, which were worse at night, for the same period. The body of the uterus was uniformly, but not considerably enlarged, retroflexed, and painful on pressure; the cervix elongated, but not swollen; the canal narrow, pouring out a copious puriform discharge. Attempts were made, unsuccessfully, to dilate by laminaria and sponge tents; then subcutaneous injections of ergotine were tried,which brought on severe labor-like pains; this somewhat lessened the discharge, but the uterine cavity could not be reached.

The woman then left the hospital for a time, and on returning sponge tents were again used,and the canal was dilated sufficiently to allow the finger to be passed in. The posterior wall was infiltrated, and covered with breaking down masses; the anterior surface was free. The growths on the posterior wall were scooped off by a large curette, and a handful of encephaloid debris was removed. There was little hæmorrhage. The patient went on well for eight days, when the pain, which had ceased, returned with greater severity. The uterus was now smaller and retroverted; dilation was again employed. A broad ridge was now felt running transversly across the posterior wall and to the right; above and below this small patches of infiltration, and between them ulcerated cavities.—The prominences were carefully scraped off, and as much as possible from the ulcerated surfaces. The hæmorrhage was slight. The woman soon after became collapsed, and died with symptoms of peritonitis. At the autopsy there was diffuse peritonitis. The uterus was lying backwards against the rectum; the fundus and the greater part of the posterior wall had been destroyed; in the anterior wall there was a funnel-shaped opening into the abdominal cavity.

CASE OF FATTY DEGENERATION OF THE CONTRACTILE TISSUE OF THE UTERUS.

With some Remarks on the Nature of the Cauliflower Excresence of the Os Uteri.

By Sir WILLIAM JENNER, Bart., M. D., D. C. L., F. R. S.

The following case was first seen in October, 1871. A spinster, aged fifty-nine years, without any appreciable alteration in her previous good health, and in whom the cateminia had ceased for nine years, was suddenly seized with a gush of blood from the vagina, with a considerable thick, slightly yellow-colored discharge. This discharge, always worse at night, gradually increased, and became very copious. At first it was thin, serous, and slightly yellow-colored; afterwards became whitish, slightly yellow or greenish, without any offensive odor until it had existed for about three years. During the fourth year, and especially toward the end it became very offensive. This discharge was accompanied at uncertain intervals, with an escape of blood, sometimes so slight as to only color the discharge red, at other times accompanied by the formation of a small coagula. Three or four times a considerable amount of blood was lost, and toward the last severe hæmorrhage occurred. But from the first to the last there was neither ache nor pain present. The appetite became impaired, and ultimately extinguished ; the tongue red, coated and tremulous ; the bowels always constipated, pain at the epigastrium after eating, much flatulency, frequent sickness, distressing hot flushes, occasional giddiness, and sleepless nights. There was comparatively little loss of flesh, and nothing in the general appearance to indicate the presence of serious disease.

After the affection had existed for three years, the lips of the uterus was found swollen, the external orifice open to admit the end of the finger, and several small fleshy prominences a little within it, which freely poured out blood of an arterial character, on the slight pressure of the finger during the examination. A month later the soft growths protruded thro the external orifice ; and three months later the upper part of the vagina was filled with a soft pulpy mass, much resembling to the touch, the fœtal portion of the placenta. The woman became weaker and weaker, and died four years after the first indication of the disease, by a sudden gush of blood from the vagina.

In the examination of the body after death, the uterus was found somewhat enlarged, and the cavities filled with a soft shaggy tissue, which hung down for about an inch-and-a-half, into the upper part of the vagina, and filled this portion of the canal. With the exception of a thin shell at the fundus, the whole of the contractile or muscular tissue of the uterus was converted into the soft shaggy tissue, which ceased abruptly at the external orifice where the vagina begins. With the aid of a microscope, the contractile fibre-cells at the fundus were seen slightly altered ; lower down they contained in their substance a varying amount of fat-globules ; still lower down, all form of the contractile fibre-cell was lost, and instead, collections of large-sized fat-globules mixed with diffluent tissue were seen; and at the lowest portion it consisted of structureless diffluent tissue mixed with numerous and various-sized fat-globules.

The symptoms in this case closely resembled those given by Sir Chas. M. Clarke, as indicating the presence of cauliflower excresence ; was described as being attached to the surface of the os uteri—never extending into the cavity of the uterus—being sometimes so large as to fill the vagina and project through the labia, when it was of a bright flesh color. It might be completely cured by excision, or even by the assiduous use of local astringents, and had proved fatal at the early age of twenty ; whilst in the case recorded, the disease was essentially one involving the cavity of the uterus, was most probable incurable, and probably only met with after the middle period of life.

The preparation of cauliflower excresence of the os uteri preserved in the Museum of the Royal College of Physicians, presented by Sir Charles M. Clarke in 1829, was examined. This preparation was found to be one of those villous growths which spring from the surface of mucous membranes, well known under the name of "papilloma." Cauliflower excresence of the os uteri, as shown in this preparation was essentially distinct from the fatty degeneration of the contractile tissue in the previous case, and also distinct from any forms of malignant disease. Cauliflower excresence consisting, in the words of Professor Rinfleisch, "of a number of aborescent groups of villi, and nothing else;" and "having nothing whatever to do with cancer."*

A case of cauliflower excresence of the os uteri recorded by Sir James Y. Simpson was referred to; also seven cases reported under the name of cauliflower excresence by Dr. J. Braxton Hicks.† But those cases recorded by Dr. Hicks did not present any of the characteristic symptoms of cauliflower excresence; and were examples, not unfrequently met with, of "encephalomatous" and other malignant disease of the lower portion of the uterus, attended with the usual severe pains and offensive discharge of these diseases.

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* "Manual of Pathlogocal Histology," p. 454.

† "Guy's Hospital Reports," vol. vii, p. 245.

BRAUS ON PYOMETRA AND PYOKOLPOS LATERALIS,

From Abrasion of a Rudimentary Vagina, in a Case of Uterus Bicornis.

Dr. Otto Braus, (*Berliner Klinische Wochenscrift*—"London Medical Record,") reports a very interesting case occurring in the practice of Prof. Spiegelberg.

The person was twenty-six years old. She began to menstruate at 14. The catamenia continued regularly for a year-and-a-half; then it was arrested for six months, during which time she began to suffer from pressure on the rectum and bladder. On the return of the catamenia, this still continued. A tumor was made out by the medical attendant, and opened. No fluid came away, and she obtained no relief.

Another medical man was consulted, who punctured the swelling and evacuated a quantity of dark, syrupy blood. This gave immediate relief, and she continued quite free from all trouble until her marriage, which was about a year-and-a-half before she came under the observation of Prof. Spiegelberg, when she began again to suffer from pressure on the bladder and rectum, accompanied with dysmenorrhœa.

She became pregnant nine months after marriage, and miscarried at three months. On her recovery she noticed a puriform discharge, which increased in quantity and became offensive. Whenever it stopped, she at once experienced discomfort in the bladder and rectum, with a forcing down of the womb.

On examination, Prof. Spiegelberg, found a movable somewhat irregular elastic swelling, larger than a fist, situated in the front and toward the right side of the pelvis; it reached slightly above the anterior wall of the pelvis, and caused the anterior vaginal wall to project downwards. The cervix was pushed backwards and to the left, and discharged a copious purulent offensive matter. The uterine sound passed the normal distance to the left. As the pressure on the tumor increased the flow from the os, the uterine sound was again passed with its point turned to the right.—About two centimetres up the canal it slipped into a roomy cavity. A blunt-pointed bistory was passed up the cervix, and an opening about an inch long made. The sac was emptied of a quantity of pus, and small stony hard blood-concretions. A distinct entrance into the left horn of the uterus could be felt; and about a centimetre-and-a-half above this a fleshy septum with a free border.

This relieved, but did not cure the trouble. The sac was then slit down to the bottom with scissors. Upon examination, a right and left inner os could be distinguished. The walls of the cavity had all the characters of vaginal structure. Per rectum, the bicornate uterus could be easily defined; the uterine sound passed four centimetres into the right horn. It was a case of uterus bicornis, with a cervix in common. The history proved that it could neither be a hæmatocele nor a cyst, the result of an abscess from parametritis.

The reporter of this case relates two somewhat similar instances occurring in the practice of Professor Briesky. One patient was a woman twenty-five years old, the other was thirty-eight years old. The latter had borne four children before any urgent symptoms arose to attract attention. In both were the tumors slit up, and the patients made excellent recoveries.

The diagnosis is not easy. It was not until the cavity was opened, and the free border of the septum was felt by the finger, together with the point of bifurcation per rectum, that Professor Spiegelberg could be certain what he had to deal with. He was not a little indebted to the cases reported by Professor Briesky for coming to a right conclusion. It was not until the sac was emptied that the bifurcation of the cervix could be felt.

RECURRING UTERINE POLYPUS.—In the *Obstetrical Journal* for Nov. 1873, Dr. Matthews Duncan narrates a case of recurring intrauterine polypus, which after the first operation for removal, presented hyperplasia, of the lining of the uterus, without any special indication of malignant affection. It was very soft, and readily crushed by the finger; it sprang from the fundus.

CÆSARIAN SECTION: RECOVERY.—Dr. Chauvin (*Journal de Med. de l'Ouest.*—4me trimestre, 1872) gives the details of a case in a rickety patient, aged twenty-six, with a very contracted pelvis antero-posteriorly (3½ centimetres=1·37 inch.) No cephalotribe was at hand, though had it been, he would gladly have employed it, as, from the cessation of the fœtus and absence of heart sounds, its death was feared. Hysterotomy was performed in the usual way—a very large dead fœtus being extracted.—Rigors and fever ensued. Mercurial inunctions were employed. Convalesence was complete by the twenty-first day. Dr. Chauvin thinks that the history of this case should encourage country practitioners to resort to the operation under similar circumstances.

A LECTURE TO LADIES.—The *London Med. Record*, says: "A very tragic occurence took place recently at Bucharest, Turkey. Dr. Bernath the principal of a public laboratory in that city, was giving a popular lecture on chemistry. Among his hearers was a Madame Davila, a lady of good family and intimately acquainted with the professor. The lady was taken ill in the course of the lecture, and the doctor prepared a draught for her in which he intended to mix some quinine, but by accident used strychnine instead. The unfortunate victim was taken out into the street, and died almost instantly."

DEATH OF AN INFANT FROM USING AN ACETATE OF LEAD LOTION TO THE NIPPLES.—M. Bouchut (*Gazette des Hospiteaux*) mentions a case where a lady had used a lotion called 'Eau de Mad. Delacour,' a favorite quack remedy in Paris for sore nipple. She had omitted to wash the lotion off before putting the child to the breast. It was seized with violent colic, and died in a few days with all the usual symptoms of lead-poisoning.

SIMILARITY IN TWINS.—Dr. J. F. Bird, (*in N.Y. Med. Record.*) writes that he has invariably found that when twins are contained in the same sac, and are sustained by the same placenta, they always had a remarkable resemblance to each other; whilst those contained in different sacs, and sustained by different placenta, are as unlike as children born of the same parents at different periods. His hypothesis is sustained, not only by repeated personal observation, but also inquiries made of other observers.

GYNÆCOLOGY NOT GYNACOLOGY.—The heading ot our department will be spelled correctly in the next issue, if the diphthongs for our printer arrive.

An additional Method for removing Fibroids of the Uterus.—P. Wallis, (*Dorpater Medizinische Zietschrift*, vol. iv. 1873) states that in two cases where he failed to remove the growths by the usual methods, he succeeded admirably by means of his hand, tearing through the attachments. Both cases did exceedingly well. The tumor in the one case was about the size of a man's fist ; in the other a small soft fibroid.

Rupture of Uterus : *Escape of Fœtus into Peritoneal Cavity;—Gæstrotomy on Fifth Day; Recovery.*—M. Fourier,(*Bull. Gen. de Ther.*,) relates a case in which the midwife in attendance gave ergot during labor, which suddenly stopped, and the pain "ascended into the belly," and continued for several hours. Hiccup and vomiting supervened. Four days afterwards, the pulse being almost imperceptible, chloroform was carefully administered, and an abdominal incision six inches long made ; the fœtus and membranes were then extracted. On the second day the abdominal cavity was well washed out with a dilute solution of carbolic acid, and repeated for several days. Very severe symptoms occurred, but the patient ultimately recovered. Nothing is said as the condition of the fœtus.

TUBERCULOSIS IN THE FEMALE GENERATIVE ORGANS.

Dr. H. Lebert (*Arch. fur Gynæcologie,*) has an interesting paper on this subject, From thirty-three observations, he has been able to follow the history of the reciprocal influence of pregnancy and of tuberculosis. He concludes that tuberculisation ef the internal generative organs among women may be the principal primitive localisation or may coincide with pulmonary tuberculisation, or finally may be secondary to this.

The malady described as tuberculosis of the neck of the uterus is not demonstrated ; it represents most frequently a caseous degeneration of the epithelium of the glands of the neck. The influence of pregnancy and parturition upon tuberculosis shows itself most often between the age of twenty and thirty years, more between twenty-five and thirty years, and even between thirty and forty years.—When the tuberculous process exists in young women it may be arrested, but generally takes on new development under the influence of pregnancy, often of the first, but sometimes later. It is exceptional that women who have had formerly tubercle resist the influence of repeated pregnancies ; their infants are generally feeble and tuberculous.

Pregnancy generally moderates advanced phthisis, but the initiatory phases of tuberculosis follow their course without being moderated during the term of pregnancy. Abortion, pregnancy, and parturition, accelerate in three-fourths of the cases, the progress of phthisis.

Pregnancy has no noticeable influence upon the localisation and the form of tuberculosis. The sad influence of parturition shows itself especially in the cases where pregnancy had favored the development of tubercle. Women affected with tuberculosis have little milk ; they cannot generally nurse ; the children are weak, scrofulous, and later tuberculous.

The Laugh Cure.

"A merry heart doeth good like a medicine."—SOLOMON.

EFFICIENT.—(*Butler's Hudibras.*)

Thus virtuous Orsin was endued
With learning, conduct, fortitude,
Incomparable ; and as the prince
Of poets, Homer, sang long since,
A skillful leech is better far
Than half a hundred men of war ;
So he appeared, and by his skill,
No less than dint of sword, could kill.

LAUGH AND BE HEALTHY.--The physiological benefit of laughter is explained by Dr. E. Hecker, in the *Archiv. fur Psychiatrie:* The comic-like tickling causes an reflex action of the sympathetic nerve, by which the caliber of the vascular portions of the system is diminished, and their nervous power increased. The average pressure of the cerebral vessels on the brain substance is thus decreased ; and this is compensated for by the forced expiration of laughter, and the larger amount of blood thus called to the lungs. We always feel good when we laugh, but until now we never knew the scientific reason why.

THE LAUGHING PLANT.—In Palgrave's works on Central and Eastern Arabia, we read of a plant whose seeds produce effects similar to those of laughing gas. It is a native of Arabia. The seed pods are soft and woolly in texture, and contain two or three black seeds of the size and shape of a French bean. These seeds when pulverized and taken in small doses, operate on a person in a most peculiar manner. He begins to laugh loudly, boisterously ; then he sings, dances, and cuts all manners of fantastic capers. The effect continues about an hour, and the patient is uproariously comical. When the excitement ceases, the exhausted exhibitor falls into a deep sleep, which continues for an hour or more ; and when he awakes he is utterly unconscious that any such demonstrations have been enacted by him.

THE BALL.—The Count de Grasse was once wounded in the knee with a musket-ball. The doctors cut and hacked and made many incisions, when getting out of all patience, the Count asked why they cut him up so much. "We are seeking." said the surgeon, "for the ball." "Why didn't you mention that before ? I have the ball in my pocket."

PLEASURE.—The *Boston Jour. of Chemistry* says : It is pleasant to learn that an enormous deposit of Epsom salts has been discovered at Alacandre, in Spain.

Diseases of Women.

W. H. BLAKELEY, M. D., BOWLING GREEN, KY., EDITOR.

ELEPHANTIASIS VULVÆ.

By Dr. Wm. Jenks, *in American Supplement to London Obstetrical Journal.*

Mary ———, admitted to the wards of the Philadelphia Hospital, Jan. 10, 1874, with the following history:—

From childhood the patient remembers a small, painless tumor of the right labium, which gradually grew with advancing years. Menstruation was established at fifteen years of age, and continued normal in all respects; at the time of each period, however, the growth increased in size, but always remained non-sensitive in character. In the past twelve years she has led a most abandoned life, and has been repeatedly admitted to the hospital, suffering from the effects of her debauches, but she denies any syphilitic infection; and her history, and a careful examination of her body, make it probable that this statement is true. Although constantly exposed she has never been impregnated. At times the tumor has apparently been the seat of an acute inflammatory process, becoming treble in size, hot, and painful to the touch, and œdematous; but these symptoms in each attack, gradually passed off without leaving any other lesions than those presently to be described. For the ten days preceding her admission, the patient has been constantly in a state of intoxication, and can give no connected history of anything which had occurred during this time. She remembers, however, having had connection with a sailor, a week ago, at a time when the tissues around the vulvar outlet were inflamed and sensitive.

The evening of her admission she was placed in the delirium tremens ward, and during the night the attention of the nurse was directed to her by her blanched face, when it was discovered that a profuse hæmorrhage was taking place from the vagina. This was arrested by topical applications. The next morning, when I first saw her, her condition was as follows :—

The patient is pale, trembling, restless, and still wandering in mind. On separating the limbs an adherent clot is seen occupying the right side of the vagina. A tumor about the size of a small orange, hangs by a broad pedicle from the right labium, having its origin near the clitoris, and involving the anterior third of both the labia. Its surface is deeply fissured, rosy red in hue ; the growth is only slightly sensitive, and is evidently the seat of an œdematous infiltration. The clitoris is lengthened by the traction of the tumor, but is not otherwise affected. In the left labium the swelling and infiltration are more general, and the tissue is not so resistant, except over a circumscribed space about the size of an almond, near the posterior commissure of the vulva. The perineum is also the seat of a similar growth, which projects along the median line about a half-inch, while around the anus two similar growths are seen hanging, with broad bases of attachment from the integument, The surface of all these growths is bedewed with a constant moisture,so that the skin covering them almost resembles a mucous membrane. The inguinal glands are swollen and indurated.

Under the application of anodyne and astringent washes these morbid growths all diminished greatly in size ; but the tissues,three weeks after admission, still conveyed to touch the impression of œdematous infiltration. The clot separated on the third day, and quite a deep cavity, with irregular, jagged edges remained,which gradually cicatrized, and at the time of death, had quite disappeared.

The lungs presented all the physical signs of previous consolidation, and an intercurrent attack of pneumonia, which rapidly passed on to the third stage, with an uncontrollable diarrhœa, from which the patient had suffered for years, proved fatal four weeks after admission. The liver was in a state of fatty degeneration, while the congested hepatic veins attested an embarrassed venous circulation, which was amply explained by the hypertrophy and fatty degeneration of the heart.

When the large polypoid tumor of the right labium was incised, the tissue was found to be infiltrated with serum ; when this was pressed out, a firm fibrous mass was left, scantily supplied with blood-vessels, but pervaded with fissures or clefts, in which the effusion seemed to have taken place. Under the microscope, the tumor consisted of interlacing bundles of delicate fibre-cells, the nuclei of which became visible upon the addition of acetic acid. The other growths presented a similar microscopic character.

This condition of elephantiasis must not be confounded with the general hypertrophy of the parts around the vulvar outlet, including the clitoris, which seems to exist as a congenital condition among the Hottentots and Bushmen, and which is sometimes found as an anomaly, even among the inhabitants of the temperate zone.

For instance, Scanzoni* mentions a family living in the neighborhood of Wurzburg, in which the mother and three daughters all presented an unusual development of the labia. A condition resembling this, and differing only in degree, not unfrequently comes under observation in the form of a genereral hypertrophy of the labia, more especially in the labia minora.

The external appearances in Elephantiasis (Arabum) are thus sketched by Rokitansky† : "This hypertrophy attains not unfrequently such an extraordinary development, that portions of the vulva are transformed into large dense, nodular pendulous, or polypoid growths, several pounds in weight.—The surface of the affected part is sometimes smooth, oftener irregular, owing to the proliferating epithelium, usually lobulated, with wart-like prominences, which, in turn, have a granular surface, so that the tumor, in its microscopic appearance presents the type of the papillary growths, and is identical with the ordinary condyloma. The deeper portions of the growth consist of dense fibrous connective tissue. This hypertrophy often extends from the vulva to the pubis, the perineum, and the region around the anus."

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* Lehrbuch d. Weib. Sexual Organs. Scanzoni, Band II, p. 285,

† Lehrbuch d. Patholog. Anat., p. 521.

But it is to Virchow* that we are indebted—not only for a more accurate description of the local process—but also for a more intimate knowledge of its pathological nature. After describing in detail the physical characters of the Elephantiasis Arabum, involving, as it commonly does, the lower extremities, the scrotum, or the penis; he states "that the labia in the female are also the seat of this process, although these tumors were formerly scarcely recognized; but this must be at-attributed to the want of careful observation—for of late, the number of cases has rapidly increased; and I myself have quite often had opportunity of studying them. The labia majora are usually affected, becoming swollen in the same manner as the scrotum in the male, when affected with this disease. In its intimate constitution, this condition—whatever part is affected—is the same, consisting, as it does, of an abundant fibrous tissue, moderately supplied with blood-vessels, and infiltrated with serum, which develops in a constantly increasing amount under the skin, which may remain unchanged, or take part in the process, the surface being raised up into separate prominences, which are, in turn, covered with hypertrophied papillæ, so that the growth sometimes becomes striking like condylomata. This resemblance is increased by the fact that the tumor only partially projects from the surface, while the basis on which it rests becomes more and more attenuated, and at last even forms a pedicle, so that a polypoid tumor hangs from the nymphæ."

This process Virchow states commences with inflammatory phenomena, which are erysipelatous in their nature, and by which disturbances in the lymphatic system are early inaugurated. In the history of the present case I have already noted repeated inflammatory attacks, the exact nature of which it was difficult to ascertain on account of the impaired intelligence of the patient; but they were always accompanied with œdematous infiltration of the tumor, pain, sensitiveness and an inflammatory blush.

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* Die Geschwulste. Band I. p. 320.

The only point in which elephantiasis, as affecting the vulva, differs from the same disease, as developed in the lower extremities, is that the constituent tissue is softer, and not so resistant. Not unfrequently there results a cystic accumulation of a gelatinous or semi-fluid substance in the interstices of the connective tissue.

After a careful review of the description of "the oozing tumor of the labium," as given by Sir Charles Clarke,* which has always been a pathological puzzle as to what the condition really was which he describes, I am inclined to think that it is identical with the one under consideration, for Virchow† expressly calls attention to the fact that in the softer form of the elephantiasis, the only one in fact which affects the vulva, there is a constant outpouring of the lymphatic or chylous fluid; while vesicles commonly form on the surface, burst, and leave behind an excoriated surface, from which sometimes an almost incredible amount of fluid exudes. In one case, 70 ounces was collected in one night. If we compare now the description given by Sir Chas. Simpson of "the oozing tumor;" we will notice many strong points of resemblance. "The tumor is sometimes so large," he writes, "as to leave scarcely any part of the labia free from it, and to extend to the mons veneris. The color varies little from that of the neighboring parts; the surface being unequal—consisting of irregular depressions and eminences, from the former of which the fluid oozes. Soon after the surface of the tumor has been wiped quite dry, a watery fluid begins to ooze from it, and form drops which—having become large—at length run off, and keep the surrounding parts in a state of constant humidity; sometimes soreness and excoriation take place, as upon the upper lip, when the secretion of the nostril is increased. At first sight, the complaint may be taken for that form of *erysipelas* denomnated shingles—but on more careful examination, it will be found that the more projecting parts are *solid*, and do not—as in the disease called shingles—contain a fluid. When an erysipelatous blush appears on these tumors"—such and such remedies are advised.

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* Diseases of Females, vol. ii., p. 127.

† Virchow, l. citat. 323.

The author states that he has had but little experience in this disease, which he considers as "one of the most uncommon of those which affects the organs of generation in women," and hence, possibly, may be explained his statement that it "rarely projects far above the plane of the surrounding skin," showing that the polypoid form, which is the more unusual, had not fallen under his observation, although in one case which he gives, the tumor was large enough to lead him to excise both labia.

Forster* assumes that this condition differs only in degree from the papillary growths, or condylomata, and asserts that in many cases the one passes insensibly into the other, so that the nomenclature is more or less optional with the observer ;—but Kleb rightly urges that the papillary projections in elephantiasis are secondary, taking their origin from a matrix, which already evidences a hyperplastic growth, and is usually in a condition of œdema, while in the true condylomatous growths the papillary character is the primary condition, and is traced as far as the growth extends.

With regard to the origin of this curious hyperplasia, much still remains to be learned. In our climate we rarely, or never, meet with cases which assume the proportions described by authors on tropical diseases, where the tumor sometimes weighs 30 or 40 pounds.

The condition seems to be sometimes congenital, at other times developed during the first years of life, and due to local irritation from excesses in venery†, (?) the use of irritating injections, or from blows.‡ It has been regarded as due to syphilitic infection,but no sufficient proof of this assertion has been given.

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* Pathologische Anatomy. Forster, vol. ii. p 467.

† Dublin Quarterly Journal, Aug. 1857.

‡ Monatschr. f. Geburts. k., Feb. 1863. Canton, Lancet, Oct. 17. 1863.

Dr. McClintock* gives the history of three cases of "enormous enlargement of the clitoris and nymphæ," and suggests as a diagnostic mark between "syphilitic and other tumors of nymphæ, the fact that the first are deeply fissured and tuberculated, while the second are only rough on the surface;" but whether or no this fissured condition exists depends *solely* on the active participation or not of the corium in the hypertrophic growth, and is quite independent of any syphilitic infection, as the history of elephantiasis as developed in other parts of the body abundantly proves.

The occurrence of a vaginal hematocele in this case, is also interesting; for although Velpeau states that he has observed it almost as frequently in the non-pregnant woman as during parturition, I do not think that the recorded histories of cases confirm this statement. It is beyond doubt that rupture of the plexus of veins which surrounds the vaginal entrance may occur spontaneously during gestation; but this accident is, so far as I know, always of traumatic origin, when it occurs independently of the existence of pregnancy, at which time the increased physiological dilatation and congestion of the pelvic vessels naturally predisposes to its occurrence. The opinion usually held, however, that a varicose condition of the veins is a common antecedent condition, is not supported by statistical results, for out of 38 cases of pudendal hematocele reported by Dr. McClintock, there were only two cases in which a varicose state of the veins was noted as being present. Simpson has called attention to the fact that fatal hæmorrhage may result from the rupture of some of the pudendal veins,and states that "in the Scotch law courts, during the last five-and-twenty years, a considerable number of trials have taken place, in consequence of women bleeding to death, after sustaining some injury of the pudenda."

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* McClintock, Diseases of Women, p. 224.

Obstetrical Observations.

W. C. RICHARDSON, M. D., ST. LOUIS, Mo., EDITOR.

ON HÆMORRHAGE DURING PREGNANCY IN CASES OF PLACENTA PRÆVIA.

Dr. Matthews Duncan maintains that the ordinary theories on this subject are incorrect. They are—

1. That hæmorrhage occurs from the gradual expansion of the cervix as pregnancy advances, because it is now generally admitted that the cervix is not really taken up to form a portion of the uterine cavity.

2. That it occurs from separation, because the lower part of the uterus was specially developed in the latter months, while the placenta ceased to grow in proportion.

3. The converse theory, more recently advocated by Barnes, is that the disproportionate growth was on the part of the placenta.

After giving his reasons for not agreeing with any of these views, Dr. Duncan proposes his own theory, which is—that these hæmorrhages are not truly unavoidable but accidental, and that their occurrence is favored by the extraordinary anatomical conditions occurring in placenta prævia, as well as by other circumstances, such as the increased pressure of blood above what exists in ordinary situations of the after-birth. He considers, therefore, the whole pathology of placenta prævia to be nearly, if not quite, identical with that of accidental hæmorrhage. He states also, that there are four ways in which hæmorrhage during pregnancy may occur :—

1. By rupture of an utero-placental vessel at or above the internal os uteri. This is analagous to the source of hæmorrhage in some cases of uterine fibroid or polypus.

2. By rupture of a marginal utero-placental sinus within the area of spontaneous premature detachment, where the

placenta is inserted, not centrally or covering the internal os, but with a margin at or near the os.

3. By partial separation of the placenta from a jerk or fall.

4. By partial separation of the placenta, in consequence of uterine pains producing a small amount of dilatation in the internal os. Such changes as may be otherwise described as instances of miscarriages commencing but arrested at a very early stage.—[*W. S. Playfair, M.D., in London Med. Record.*]

GESTATIONIS.

Dr. L. Duncan Buckley describes, (*American Journal Obstetrics,*) under this title, a case of rare affection of the skin peculiar to pregnancy, and also gives a summary of eight other similar cases which he has found recorded. From the clinical histories of these nine cases he sums up the peculiar features of the disease as follows :—

1. There is an affection of the skin directly dependent upon the gravid state of the uterus, which may make its appearance at any period of gestation up to the seventh month, and generally continues until the organ is emptied of its contents, and has in a measure resumed its former state. This eruption is very apt, moreover, to recur at each successive conception.

2. The cutaneous manifestations are chiefly an intense irritation, consisting of burning, itching, or stinging, and sometimes pains, with the development of erythema, papules, vesicles, and bullæ, up to the size of a hen's egg, the majority of the blebs, however, seldom surpassing in size a large bulla of herpes. These vesicles are commonly in groups, but do not follow any definite nerve-tracks, appearing first generally on the extremities, and afterwards involving the larger part of the body. Exhaustion may ensue from cutaneous irritation, but the disease is non-febrile.

3. The eruptive disease does not terminate at once after delivery, but slowly retrogrades, by the development of fewer and fewer vesicles at increased intervals,until the disposition thereto ceases entirely. An outburst of greater or less severity is most likely to happen on the third day ; it is rare for any manifestation of the disease to remain a month after parturition.

4. This affection is sometimes accompanied or followed by other neurotic manifestations, as erythema, urticaria, and neuralgia, which may continue in the intervals of conception, while in many instances the patient experiences perfect health in the interim.

5. This eruption has occasionally been the first indication that impregnation had taken place.

6. The majority of the cases have been unifluenced by treatment, relief occurring only on the emptying of the uterus.

7. The children are not, as a rule, affected by the eruption in the mother, although in one case it was accompanied in two instances by a stillbirth. Here, however, the first eruption was followed by the delivery of a living child; whereas, the second conception gave a still-born child without any material eruption.

ELECTRICITY IN POST-PARTUM HÆMORRHAGE.

Dr. Charles W. Earle, relates (*Medical Examiner*, "London Medical Record,") a case of *post-partum* hæmorrhage, in which after other measures had failed, he successfully resorted to electricity.

The subject of it commenced to experience labor-pains on December 9th, but the uterus seemed unable to effect the expulsion of the fœtus, and after waiting about twenty hours she was readily delivered with instruments. Without moving her, Dr. Earle says, he 'sat down by the bedside to watch the condition of the uterus for one hour before putting on the binder and taking my departure. There had been such inertia of the womb during the entire labor, that I was fearful of what my patient very soon experienced.

"Without any premonition whatever, the uterus ceased its contraction, and a stream of blood, apparently as large as half my arm, came pouring from the vagina.

"I immediately introduced my right hand to the fundus of the womb, and with my left, tried to compress the descending aorta, giving orders at the same time to the attendants to administer more ergot, lower the patient's head, apply cold water to the abdomen, and procure a piece of ice for inserting into the uterus. All this was done rapidly, and in much better order than is usual in such cases. But what a change there was in my patient! In two minutes she had changed from a most favorable condition—indeed, from a joyous and happy one—to an exsanguine, bloodless, and pulseless state; apparently, she was moribund.

"In addition to what I had already done, I gave what stimulants could be found in the house; and keeping my hands in the position noticed above, as the most effective way of stopping the largest amount of blood, sent immediately for Dr. I. N. Danforth, who lived in the immediate vicinity. He came forthwith, and relieved me from my most fatiguing position, suggested port wine and carbonate of ammonia as the stimulant. Ergot had been given freely; ice, externally and internally, had been used; compression resorted to; stimulants and nourishing broths administered;

but the hæmorrhage did not cease. Nothing up to this time, had produced a good, strong, continuous contraction of the uterus. Dr. Danforth now advised electricity ; and in a very few minutes a battery was at hand ; and placing one pole over the sacrum, and the other over the uterus, the current was commenced.

"The effect was instantaneous and almost marvelous.

"The uterus contracted firmly ; the hæmorrhage ceased immediately ; and as long as the electrical current was continued, the uterine tumor remained hard, and of proper size.

"It was necessary, however, to keep up the current for sometime ; for as soon as we ceased using the electricity, the womb softened, and blood commenced to flow. It was about twelve hours before we ceased using the instrument altogether. At that time the adynamic condition of the entire system, and uterus especially, seemed to be overcome, and we felt safe in leaving our patient.

"The lady was saved, and made a very comfortable convalescence.—Electricity certainly contributed largely to the favorable result."

PLACENTA PRÆVIA : *Simultaneous Existence of a Fibroid Tumor in the Uterus.*—Dr. Habit (*Allgemeine Weiner Mediz. Zeitung*,) relates a case where the patient, toward the end of the eighth month of her pregnancy, had recurrent hæmorrhages ; and on examination a fibroid was detected in the posterior walls of the uterus.

Turning was accomplished. The child was still-born. The mother recovered from the shock of parturition, but died ten-and-a-half hours subsequently. No *post mortem* examination was allowed.

A NEW METHOD OF EXTRACTING THE FŒTAL MEMBRANES WHEN THEY THREATEN TO TEAR.—M. Godard, (*Gazette des Hopitaux*, Oct. 1872,) describes a method to which he has resorted to successfully. When the membranes are grasped by the contracting cervix and do not readily follow the placenta, he turns the latter around several times on its axis, and then places a ligature, sufficiently long and strong, on the membranes separates the placenta, and then exerts gradual and sustained traction of the ligature until the membranes are withdrawn.

ON THE ACTION OF SULPHATE OF QUININE ON THE UTERUS.—Dr. A. Walraven, of Lamswaarde, read a paper before the Society of Medicine of Ghent, (*Bulletin Medical*,) upon the action of Quinine on the uterus, he considers that it has a distinct power over the uterus, producing abortion, and increasing the force of the labor-pains during labor. He discusses the opinion of some, that the abortion is due to the effects of the ague, and decides that independently he considers its influence marked. He instances cases, and considers it has more effect on those of sanguineous temperament, and during the early or latter months of pregnancy.

Materia Medica of New Remedies, &c.

PROF. E. M. HALE, CHICAGO. ILL., EDITOR.

SOLANUM NIGRUM.

(*Deadly Nightshade.*)

BY P. B. HOYT, M. D., INDIANAPOLIS, IND.*

In presenting before you this paper, I have endeavored to collect all that is of importance so far as clinical experience and proving may go; believing it to be a remedy of great merit, occupying a place that cannot be substituted by any other.

Solanum Nigrum belongs to the natural order *Solanaceæ,* (Night-shade Family.) It has a low stem, much branched, spreading, angular, nearly smooth, with ovate, wavy-toothed or sinuate leaves, and perforated, the edges erase, as if gnawed by insects. Flowers white, small, with yellow anthers, in lateral umbels, drooping, five parted, on bractless pedicles.—The berries are black when mature, globose, and of a sweetish taste The flowers begin to appear in June, and in September and October we find ripe berries, green berries, and flowers all appearing on the same plant. The whole plant has a disagreeable narcotic odor, resembling in some degree the tomato; the root is white and has little taste.

It seems to prefer a shady locality,though I have seen specimens growing in the sun, but always of a dwarfy, unhealthy appearance.

Solanum Nigrum has long been known to the medical profession, though it has been but little used. Dioscorides in A. D. 54, speaks of its value; in A.D. 200 Galen mentions it; in 1552 P. Rinard mentions its use in cancer; and so on along down to the present time it has been used for various difficulties; and when we consider that it is placed among some of our most valuable remedies belonging to the same family *Solanaceæ*, viz: Belladonna, Hyoscamus, Stramonium, Tabacum and Capsicum, all of which are most valuable cerebral remedies, we are forced to the conclusion that Solanum Nigrum will prove a remedy of no mean proportions.

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* Read before the Indiana Institute of Homœopathy.

The homœopathic profession have used it but little. We find a short proving published by Noack and Trinks in 1843. Hahnemann speaks thus of it in his lesser writings:—

"The berries of the black Nightshade (Solanum nigrum), have caused extraordinary convulsions of the limbs, and also, delirious raving. It is, therefore, probable that this plant will do good in what are called 'possessed' persons (madness, with extraordinary, emphatic, often unintelligible talking, formerly considered prophesying and the gift of unknown tongue, accompanied by convulsions of the limbs) especially when there are at the same time pains in the region of the stomach,which these berries also produce in large doses."

"As this plant causes erysipelas of the face,it will be useful in that disease as has already been ascertained from its internal employment; as it causes a still greater degree than Bittersweet, by being used internally, external swellings, i. e. transient obstruction in the absorbent system. Its great diuretic power is only an indirect secondary result; and hence its great virtue in dropsy, from similarity of action, is plainly perceptible; a medicinal quality of so much the greater value, as most of the remedies we possess for this disease are merely antagonistically acting, (exciting the lymphatic system in a merely transient manner,) and consequently palliative remedies incapable of effecting a permanent cure."

"Moreover, in large doses it causes not only swelling, but general inflammatory swellings, with itching and intolerable burning pains, stiffness of the limbs, pustular eruptions, desquamation of the skin, ulcers and sphacelus. Where is the wonder that its external application has caused divers pains and inflammations. Taking all the morbid symptoms together that the black Nightshade produces, we cannot mistake their striking resemblance to raphania, (eclamsia typhoides) for which it will most probably be found a specific remedy."

Yet with all of this astonishing array of symptoms, it appears that but few of the cotemporaries of Hahnemann used

Solanum Nigrum, and those who did use it, used it only to a limited extent. Gross records a few cases, and others, but nothing of extent.

In Sibley's edition of 'Culpepper's Herbal,' is an interesting and curious account of the properties of the Nightshade, viz :—

"It is a cold saturnine plant. The common Nightshade is used wholly to cool hot inflammations, inwardly or outwardly; being always dangerous as the other Nightshades are, it must be used moderately. The distilled water of the whole herb is fittest and safest to be taken inwardly. The juice, being clarified and mixed with a little vinegar, is very good to wash the mouth and throat when inflamed. Outwardly the juice of the herb or berries with a little vinegar pounded together in a leaden mortar, is very good to anoint all hot inflammations in the eyes. It is good also for the shingles, ringworms, and all running, fretting and corroding ulcers, and in most fistulas, if the juice is mixed with hen-dung and applied thereto. A cloth wet in this juice and applied to the testicles when swollen, giveth great ease, as also to the gout, which ariseth from hot and sharp humors. The juice dropped into the ears easeth pain thereof arising from heat or inflammation. Pliny saith it is good for hot swellings under the throat."

So far back then, in the history of medicine we find Solanum Nigrum curing the very complaints for which its pathogenesis shows it applicable ; not by its antipathic or cooling qualities, but because it is capable of causing inflammatory action in many organs and tissues ; and though unwittingly Culpepper used it in accordance with the law of 'Similars.'

Solanum Nigrum has often been mistaken for Belladonna. A physician in Ohio confidently said to me, that Belladonna grew plentifully in every part of his county, and upon my questioning the accuracy of his statement, he produced a very fine specimen of Solanum Nigrum—saying, "If that is not Belladonna, what is it?" Of course, I explained the difference ; but he still insisted that it acted just like Belladonna, and rehearsed several cases of frontal headache and inflammatory swellings he had cured with it. And here it may be well to state the botanical differences, that you may not be mistaken in the plant:—

BELLADONNA.	SOLANUM NIGRUM.
Stems strong, branched, purple colored, from three to five feet high —hairy.	Stem low,much branched,spreading, rough on the angles.
Leaves of an equal size, oval, pointed, in pairs, on short foot stalks.	Leaves, ovate, many-toothed, almost always perforated by insects.
Flowers, dark or brownish-purple color, large, pendant, bell-shaped, furrowed, cut in five segments.	Flowers white,very small,is small and umbel, like lateral clusters, drooping, five parted.
Berries ripe in September, of a shining black.	Berries small,globular, black, ripe in September; ripe berries, green berries and flowers found on the same plant at the same time.

These differences are so marked, that you need not be mistaken in them. I learn by Dr. E. M. Hale, that an Indiana physician used Solanum Nigrum for two or three years, instead of Belladonna, and found it equal if not superior to it. There is certainly a marked resemblance in the toxical effects of Belladonna and Solanum nigrum.

The following symptoms have been collected from various sources, and are known to have been caused by Solanum nigrum :—

Complete cessation of the mental functions; torpor of the whole system; vertigo, with headache, sickness, colic and tenesmus; horrible headache. Dr. Gatchell cured a headache which had resisted all other apparently indicated remedies, guided by the last mentioned symptom. The face is congested with blood; red, bloated face; confused and anxious expression of countenance; open, humid and glistening eyes; extreme dilation of the pupils; alternate contraction and dilation of the pupils; mistiness before the eyes; loathing, vomiting of injesta; copious vomiting of a greenish colored matter, *with* thirst, dilated pupils; sterterous breathing, convulsions and tetanic stiffness of the limbs; frequent vomiting, first of mucous, afterwards of a bluish or gray blackish fluid; purging the next day after the dose (3 grains of the leaves); tenesmus of the anus; difficulty of breathing; hot skin, though covered with sweat; copious perspiration; frequent sweats over the whole body; excessive thirst, with vomiting of a greenish colored matter ; small frequent pulse, or quick irregular pulse ; red, scarlet spots on the whole skin ; great sensitiveness of the cutaneous surface ; convulsions and spasms ; they stretch their hands during the spasms, as they would grasp something, after this the hands are carried to the mouth, and the boys (of two or three years,) chew and swallow, the spasms are excited by touching the skin ; tetanic rigidity of of the whole body ; trismus ; deep sleep ; coma, alternating with convulsions and moaning ; great restlessness ; violent convulsive restlessness ; tremor ; violent subsultus tendinum ; moaning as in hydrocephalus.

With this array of symptoms before you, you cannot but see that Solanum nigrum should occupy a prominent place in our Materia Medica ; but this will be more manifest as we proceed.

Possart says : " Solanum nigrum has removed the following symptoms when caused by poisonous doses of spurred rye ;—tingling in the extremities, convulsions ; contractions of the flexor tendon, as though he would hop about ; spasmodic contortion of the extremities ; tonic spasms ; epileptic attacks ; rage ; imbecility ; risis sardonicus ; contraction of the hands; drawing in the fingers ; cramps in the calves ; inversion of the feet." These are well worth a careful remembrance.

We will now present you with the Symptomatology of the drug so far as provings, and observations have developed them.

SYMPTOMATOLOGY.

Sensorium. Vertigo with headache, nausea, colic and tenesmus ; moaning as in hydrocephalus ; fullness in the head accompanied with vertigo ; vertigo on rising or moving about, with dimness of sight ; vertigo after retiring ; sensation as if the bed was turning in a circle ; vertigo on stooping ; everything seems moving in a circle; great weariness and vertigo from bodily exertion ; when standing a feeling as if the body would fall backwards; while sitting the body seems to rock in different directions.

Mind. Confused and anxious expression of the countenance; complete cessation of the mental faculties; drowsy all day, with indisposition to study; rage; imbecility; delirious raving; sadness and anguish; absence of mind; restlessness; inducing one to roam about without sense or object.

Head. Horrible headache; headache with red, bloated face; *severe pain in the supra-orbital region, in the morning on waking, aggravated by the slightest motion;* severe pain over the eyes,aggravated by motion or stooping; a misstep sends violent pains through the temples; sensation in the forehead after headache, as if it had been bruised; sensation in the forehead as if from a blow; severe pains through the temples, as if the head would split, on moving the head, the brains feels as if moving about; pain in a small circumscribed spot on the top of the head; headache with throbbing of the carotid arteries, and swimming sensation in the brain; sensation of heat in the head; feeling of lightness in the head; sharp gnawing pains in the right temple,causing him to grasp his head and shut his eyes; stitches in the temples, and then in the ear; headache with throbbing of the temporal and carotid arteries; increased heat and redness of the face; countenance looks as though he had been intoxicated; violent, throbbing pain in the left temple, aggravated by the least misstep or on stooping; violent throbbing pain in the fore part of the head; on the least motion after sitting quietly, a feeling as if the brain would burst from the forehead; the scalp feels sore on moving the hands through the hair; very severe headache of years standing pressure in the centre of the forehead; pressing pains in the forehead; tension during pain in the region of the temples; dullness and heaviness of the head; forehead heavy; pressure in the forehead and dullness; staggering gait,heavy and uncertain; the head feels very heavy, (after three hours and-a-quarter); pressure in the vertex and forehead; dullness when walking; body inclined to left side; head feels as if expanded, heavy and hot; pressure through the temples, drawing toward the forehead through the depth of the brain (noticed many times); pressing aching pain in the depression behind right ear; head dull; pulse slower;—weakness of the thighs and contractions of the pupils.

By carefully noting the effects of Solanum nigrum on the cerebral functions, you will observe that they are fully as important as Belladonna, and cover a range of symptoms that I am fully persuaded can be reached by no other remedy.

Eyes. Dilatation of the pupils; pupils easily dilated; dilatation of the pupils alternating with contraction; pupils dilated more than usual, and general heaviness in the body very soon after taking it, and disappearing after one hour; very marked dilatation of the pupils, preceded by dullness of the head; pulse slow and small; trembling of the legs, especially of the muscles of the thigh, like short jerks, following in quick succession; extreme dilatation of the pupils; alternate dilatation and contraction of the pupils; black rings before the eyes with dilated pupils; pupils somewhat widened next day, with uncertainty in walking; pupils very much contracted,many black spots and strips floating before the eyes, alternating with very wide pupils which finally remain dilated; pupils more contracted than usual; everything appears too bright; contracted pupils; head feels dull and weakness in the thighs; darkness before the eyes with white spots and stripes; also black rings around the eyes; pupils very large after three-fourths of an hour; mistiness before the eyes; dimness of the sight with vertigo; sparks before the right eye; nausea; everything becomes darker; black spots and network (gauze) before the eyes; the amaurotic symptoms attended by dullness and heaviness of the head; ordinary light seems too light; pressure above and in the depths of the eyes, especially when looking at an object by daylight; things at a distance looked blurred;—pressure in the forehead; photophobia, with pressure above the eyelids; when reading, black spots and stripes before the eyes; after a quarter-of-an-hour, the pupils much dilated; the inner rim of the iris appears a bright yellow, as if illuminated; bright spots and black network float before the eyes, and dilated pupils; flickering before the eyes; great weakness of sight, aggravated by the bright sunlight; watery eyes; erethic amaurosis; eyes very sensitive to the light; eyes very sensitive while reading (all day); sensation as if too much light was shining in the eyes; biting sensation in the borders of the eyelids; pressure above the eyes and in the depths of the eye, especially when looking at an object by daylight; things at a distance look blurred, pressure in the forehead lasting half an hour; staring, humid and glistening eyes; pain over the left eye, with pain in the bowels; shooting pains over the right eye; pains in the inner canthus of the left eye; severe pain over the eyes, almost unbearable when looking at a bright object; eyes feel dull and heavy; burning in the eyes and nose, also redness of the eyes; sensation as if there was sand in the eyes; biting sensation in the edges of the eyelids; stinging in the inner angle of the right eye, lasting an hour; pupils sometimes very small and again very large; muscæ volitantes; fullness and extension for the eyes; burning sensation in the eyelids; redness of the eyes.

The importance of these symptoms are clear and manifest. It action upon the eye are peculiar, and well worthy of attention As a rule, dilatation of the pupils seems to predominate while contraction has often occurred, and these often happen in alternation. It resembles Belladonna, and clearly points to amaurotic symptoms by its power of dilatation. To photophobia in its power of contraction, it points to cerebral congestions, and reminds us that it may be very useful in apoplexy. The several symptoms clearly indicate its use in several affections of the eyes; they are so clear, that I need not here enumerate.

Nose. Discharge during the day of thin,watery fluid,with considerable sneezing; copious watery discharge from the right nostril, and obstruction of the left.

Face. Red, bloated face; feverish flushes across the face;—shooting pains from the lower jaw up into the left ear, coming suddenly and going as suddenly; erysipelas of the face; face hot, with heat in the hands and along the back; face congested wlth blood; red, fatigued face.

Ears. Stitches in the ears; buzzing before the ears; every sound he hears seems as if coming from a great distance.

Mouth and Teeth. Insipid taste in the mouth; mouth very dry, lips dry and blistered; tongue sore, as if burned; the whole buccal cavity is very dry; dryness of the back part of tongue and roof of the mouth; constant stinging in the fauces when swallowing.

Throat. The left tonsil feels swollen, with soreness on swallowing; stitches in the right side of the throat; sensation as if of a splinter in the right tonsil; raw sensation in the throat, painful on swallowing; dryness of the throat;—stitches from the fauces to the internal right ear; fauces dry after half-an-hour.

Pharynx and Œsophagus. Burning in the right œsophagus, arising from the stomach; cramp-like sensation in the œsophagus.

Gastric Symptoms. Loathing, vomiting of the injesta; copious vomiting of a greenish colored matter, accompanied by thirst; dilated pupils; sterterous respiration; convulsions and tetanic stiffness of the limbs; frequent vomiting, first of mucous, afterwards of a bluish or grey blackish fluid;—empty eructations, with burning in the stomach, violent heartburn, after eating; for one hour; heart-burn after retiring; nausea with sparks before the eyes.

Stomach. Severe burning in the stomach, with vomiting;—sharp cutting pains in and across the stomach, better on pressure or on bending over; burning in the stomach with yellow watery diarrhœa; severe pain in the region of the stomach,extending to the region of the heart and left shoulder; severe cramps in the pit of the stomach, aggravated by walking, relieved by eating; pains in the region of the stomach accompanied by madness, delirium and convulsions of the limbs; great pressure on the stomach by spells; continued pain in the scorbiculus; inflammation of the stomach and bowels.

Abdomen. Sharp pains in the intestines as if cut with knives, relieved by eating; violent cutting pains in the umbilical region.

Stool and Anus. Diarrhœa next day after the dose; stools loose, semi-solid; loose evacuations of a yellow color, somewhat watery, followed by a burning pain in the stomach, accompanied with nausea; constipation, dry, hard stools, small in quantity, (this is a secondary effect); frequent ineffectual urging to stool; at last nothing but flatus escapes; tenesmus of the anus.

Urinary Organs. Hahnemann says that as a secondary action "It has great diuretic power"; the quantity of urine increased; sudden urging to urinate every ten minutes; dropsy from suppression of intermittent fever; ardor urinæ;—dropsy, with previous obstruction of the absorbent system.

Respiratory Organs. Difficulty in breathing; tickling sensation in the throat, causing to cough frequently; yellow thick expectoration; beating pain in the left chest, in which there is a pain as if sore when touched; pressure on the sternum and tenth vertebræ; constriction of the chest; anxious feeling in the region of the heart.

Back and Extremities. Dull, heavy pain in the right arm, extending to the fingers; pain in the right knee, extending up toward the hip; lancinating pain extending down the left arm; bruised feeling in the back and limbs; the neck feels stiff and sore, as if it had been bruised; wandering pain, first in the shoulder, then down the arm, then in the lower extremities; cutting pain in the left side; legs feel sore, as if bruised from walking; stiffness of the limbs; extraordinary convulsions of the limbs; great weakness in both knees, which scarcely allows walking; tearing on the dorsum of the left foot, with creeping sensation in the calf of the left leg; pain in the left shoulder and right wrist joint; arms feel heavy as if beaten, especially the left; crampy convulsions in the calf of the left leg; painful drawing in the arms and feet; painful and itching sensation in the ulcers on the feet.

Skin. Obstinate herpetic eruptions; copious perspiration; red scarlet spots on the skin of irregular form, nearly over the whole body; great sensitiveness of the cutaneous surface;

spasms excited by touching the skin; eruption of small red pimples on the forehead, sore to the touch and very hard; a few small pimples on the back of the hand, itching violently; pustular eruptions; desquamation of the skin;—ulcers; foul and painful chronic ulcers; scorbutic eruptions and ulcers of a cutaneous nature; syphilitic eruptions and nocturnal pains; erysipelas.

Sleep. Deep sleep; coma, alternating with convulsions and moaning; sleep disturbed by dreams of falling from a great height; dreams of snakes; frequently awakening in fright; a feeling in the morning when awaking of great loss of sleep; night terrors in children; deep apoplectic stupor;—coma and torpor attended with fever; lassitude of the whole body without inclination to sleep; sleeplessness.

Febrile Symptoms. Dry, burning heat, with small, frequent pulse; heat in the face, hands, and down the back; hot skin covered with sweat; frequent sweats over the whole body; excessive thirst; slightly feverish, flushes of heat in the face; high fever on retiring, lasting for half an hour, followed by very profuse perspiration of short duration; great thirst, causing him to drink often, and in large quantities, accompanied with feverish heat and redness of the face; dry, burning heat; high fever, with pain in the back of the neck, shoulders, and lower extremities; flushes of heat running up and down the back; fever all the afternoon, with violent beating of the carotid arteries, headache, pulse ninety-five.

Circulatory System. Small, frequent pulse; quick, irregular pulse; pulse 90 to 95; circulation generally excited, with violent throbbing in the head; pulse full and irregular;—pulse small and slow; anxious feeling in the region of the heart; increased distension and prominence of the varicose veins; pulse small, slow and soft.

Spasmodic Symptoms. Convulsions and spasms, they stretch their hands during the spasms as if they would grasp something; after this the hands are carried to the mouth, and the boys, (2 and 3 years old) chew and swallow; tetanic rigidity of the whole body; great restlessness; violent convulsive restlessness ; tremor, trismus, violent subsultus tendinum, (raphania) characterised by painful creeping in the limbs, with distortion of the hands, convulsions, tonic spasms, occasional attacks of tetanus, epilepsy, imbecility, rage ; convulsions with moaning and coma ; tingling in the extremities ; contraction of the flexor tendons, as though we would hop about ; spasmodic contortion of the extremities ; tetanic spasms ; epileptic attacks ; rage ; imbecility ; risus sardonicus ; contraction of the hands, drawing in the fingers ; cramps in the calves ; inversion of the feet.

Generalities. Violent pain in every muscle and joint of the body, on walking in the morning ; severe pains, apparently in the muscles of the neck and between the shoulders ;—shooting pains in the left arm and wrist ; general muscular soreness ; the whole surface of the body is tender to the touch ; general torpor of the whole system ; general inflammatory swelling ; external swelling from external application ; heat diffused in a few hours over the whole body, a profuse sweat succeeding this heat, and purging next day, (from three grains of the leaves); if a sweat does not follow the heat, profuse urination occurs, followed by purging ;—tremors with general debility ; complete insensibility, with relaxed muscles, flushed face, free irregular pulse ; general, violent, convulsive restlessness ; great sensisitiveness to cold air ; increased distension and prominence of the varicose veins ; excessive fatigue from bodily exertion, accompanied with vertigo ; pains in various parts of the body.

This array of symptoms clearly sets forth the importance of *Solanum Nigrum*, and fixes it as an analogue of Belladonna, Hyoscyamus, Stramonium, Glonoine, Æthusa-cynapium, Agaricus muscarius, Cimicifuga racemosa, Cuprum, Sanguinaria Canadensis, Iris-versicolor, Gelseminum semper virens, and more remotely to several other remedies.

By refererence to the head symptoms it appears to equal Belladonna, and in many cases, it is no doubt to be preferred. It will, no doubt prove itself of great value in cerebral affections, eruptive fevers, indolent ulcers, cerebral typhus, brain affections of children—in some cases of intermittent fever, catarrh, &c., &c.

Toxical Effects. Concerning its toxical effects, we have some marked cases recorded, which have developed the importance of its pathogenetic symptoms :—

1st. A boy eight years old, ate some of the black berries of this plant, which caused a state of stupor and coma, attended with fever. He complained of great pain in the stomach, and was harassed with nausea and retchings.

2nd. A little girl ate some of the berries—she was found entirely insensible, lying in a deep, apoplectic stupor—all the muscles relaxed, the face flushed, and the pulse full and irregular; she continued in this state for about six hours, then gradually recovered,

3rd. Two boys, aged two and three, having eaten of the berries, had convulsions and spasms; they stretched their hands during the spasms, as if they would grasp something, carrying their hands to their mouths, chewing and swallowing.

Two cases of poisoning by eating the berries, have come under my own observation, in which the same general symptoms were present, but lasting much longer—one of the boys was ill for two weeks.

My treatment was Coffea cruda, Belladonna, and Rhus toxicodendron.

Thus, my friends, I leave *Solanum Nigrum* in your hands, hoping that this lengthy paper will incite you to a careful study of this meritorious remedy.

EDITORIAL REMARKS.

The above excellent paper by Dr. Hoyt, is an admirable resume' of *Solanum* symptoms. The plant has been too much neglected—it is worthy of an extensive use. I have observed for the last five years that when Belladonna was indicated and does not seem to act, the Solanum will promptly remove the symptoms. This is especially the case in severe *headache*, which I very often cure with Solanum, when Belladonna has been ineffectually tried. I believe its preparations are less liable to deterioration than Belladonna; but the tincture ought to be made from the *ripe berries and leaves*, in equal proportions with strong alcohol.

I was the first to publish a complete History and Pathogenesis of Solanum, in the Transactions of New York State Medical Society, 1870. It was made up of provings and clinical cases given me by Dr. Hering—also some provings made by the students of Hahnemann Medical College of Chicago. None of the *MSS.* had ever been published before. The paper occupied 24 pages octavo, and was accompanied by a colored plate of the plant. Dr. Hoyt has carefully copied the symptoms from that article, and I am gratified that he has presented them again to the profession.

E. M. HALE, M. D.

Pharmacology.

N. B. DELAMATER, M. D., CHICAGO, EDITOR.

DIOSCOREA VILLOSA.

(*Wild Yam.*)

Belongs to the order of *Dioscoreaceæ.* The plants of this order are shrubby, twining, arising from the tuberous rhizomes, with broad net-veined leaves. *Flowers* diœcious, (the male and female growing on different plants,) regular,hexandrous tube. *Plants* adherent, limb six-parted, ovary three celled, 3 to 6 ovaled, 3 styled. *Fruit*, a capsule 3 or (by abortion) 1 celled, or a berry. *Seeds* compressed.

Genera 7. Species 150.

The *Dioscorea Villosa*, known as the "Wild Yam," is a delicate twining vine, growing in the United States and Canada, more abundant in the northwest, very rare in New England, flowering in June and July.

The stems are reddish brown woolly, from one to two inches in diameter and from five to fifteen feet long, running over bushes and fences.

The leaves are from 2 to 4 inches long, about ¾ inch wide, and distinctly heart-shaped and sharp-pointed, having from nine to eleven veins, with an entire or wavy margin, the lower surface being downy or smooth, (*never villous or hairy*,) the upper surface smooth.

The petioles or foot stalks are elongated, the lowest being in whorles, *in fours*, the next sub-opposite, the middle and upper alternate, and are from two to four inches long. The peduncle, or flower stalk grows in an axil. The ovaries at first elliptic, finally are almost as broad as long. In the male plants the flower spikes are irregularly branched, and in the female they are simple, (not branched.)

The roots are long, branched, crooked, woodey, white internally, light brown externally, and wrinkled longitudinally, with many long tough fibres, inodorous, and with a pleasantly bitter submucilaginous taste.

PHARMACEUTICAL.

In suggesting a method of preparing a tincture of this plant which shall give the practitioner satisfaction, and we believe bring this very valuable drug in much more general use, we will first make three general propositions, which we think no one will deny are correct :—

1st. That in order to obtain from any plant a tincture which shall be of the most practical value, the plant or part of it used must be entirely exhausted, so that we have nothing left except the woody and fibrinous portions, bereft of *all* taste.

2nd. That many plants, such as Digitalis, Lycopus, Squilla, Apocynum Cannabinum, require both water and heat to exhaust them.

3rd. That alcohol alone is not a universal solvent of the medicinal qualities of plants.

With these propositions before us, we have tried to find a method by which Dioscorea could be exhausted, and by reference to "Griffith's Medical Botany," "King's Dispensatory," and numerous allopathic text-books, we find them recommending that it be prepared by decoction—and we find them almost universally getting good results from its use.

While from our officinal tincture. giving us so little satisfaction, very many—we think the majority of our school—almost never use it, and when they do are often disappointed in its effects. It would seem that the decoction was by far the most reliable preparation, but it cannot be preserved in that form for any length of time, and consequently is very inconvenient.

We would therefore suggest that a tincture be made by taking one ounce root Dioscorea, adding ten ounces cold water—that it be heated over a slow fire in a tightly covered dish to the boiling point, allow to remain at that point for ten minutes, then allow to cool, then filter; after the residuum has become pretty nearly dry, add 5 ounces pure Alcohol slowly to the residuum and allow to slowly filter until almost perfectly dry; when we will have ordinarily ten ounces of a tincture, each ounce of which shall contain one-tenth ounce of the Dioscorea, and that will have all the promptness and faithfulness of action of the decoction, and also be as permanent as any of the tinctures, from this the 1st dilution can be made with one part water and four parts alcohol; the 2nd dilution and upwards, all alcohol.

The Dioscorein is also reliable if used in trituration, when not convenient or desirable to give liquid. A temporary infusion can be made by putting in a cup the desired dose of the trituration, pouring on it a small quantity of boiling water, allow to stand until cool enough, and then use as other liquid medicines.

PEPSIN.—Dr. R. T. Edes has examined many of the preparations of Pepsin now offered for sale, and gives (*Boston Med. and Surg. Jour.*) the following as his conclusions :—

"Much of the dissatisfaction with Pepsin expressed by physicians is due to the use of preparations which contain little or none of it.

"The Pepsin made by Scheffer's process is by far superior to any other in ordinary use. The wine is feeble, but necessarily inert. Elixirs of Pepsin and Bismuth are humbugs. Pepsin should be administered with an acid, and with as few drugs as possible. A small amount of alcohol is not inadmissible, but a larger amount retards digestion.

"Its beneficial action is not limited by the amount of albumen which it dissolves in a test-tube, without change or renewal of any of the contents."

PEPSIN IN OYSTERS.—It appears, from experiments made by Mr. E H. Haskins. (*Boston Med. and Surg. Jour.*) that raw oysters contain Pepsin enough to digest themselves. No wonder oysters agree with most dyspeptics.

SUGAR AND MAGNESIA AN ANTIDOTE TO ARSENIC.—The *Mouvement Medical* relates various experiments conducted by Mr. Carl, with the result of showing that sugar mixed with Magnesia may serve as an antidote in cases of poisoning by arsenious acid, in which cases, too, the internal use of the hydrated Magnesia is most valuable.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

THE ELECTROLYTIC TREATMENT OF CANCER

BY M. NEFTEL.

This paper contains the description of a mode of treatment which if experience confirms the results stated here, must be considered one of the greatest boons which have been conferred on suffering humanity. It is no less than a cure for cancer. The paper begins with a discussion as to the nature of cancer.

Following the school in which he was educated, the author at first looked on malignant disease as primarily a constitutional affection, of which the tumor was merely the local manifestation. He has been, however, convinced by the arguments of Virchow, that cancer is really at first a purely local disease, and that any generalization which may occur is a secondary result of the infection of the system from the local disease. He treats of the traumatic origin of cancer, and gives two cases in which mammary scirrhus was distinctly traced to the effects of a blow.

Coming to treatment, excision is generally of little or no advantage. He has found electrolysis alone useful. Before giving the results of his treatment and the method, he discusses its *modus operandi;* and states it as his belief that the action is not that of a caustic, but that the electric stimulation has some influence on the protoplasm of the cancer-cells, causing them to alter their mode of life. He believes in Waldeyer's views as to the development of cancer, namely—that it always originates from epithelium, and does not distinguish clinically between carcinoma and cancroid.

In accordance with Virchow's views, he believes that there is an initial stage in which the cancer is purely local, and in this stage he asserts that it can be completely cured by electrolysis. When the disease has advanced beyond this, the cure is difficult, and its success depends on whether all the affected parts can be reached. When the tumor is adherent to the deeper parts, or when distant organs are secondarily affected, the treatment is generally unsuccessful. Even in the most aggravated cases, however, this is the best means of reducing the pain, and improving the general condition of the patient.

The method of applying the agent is described with great care. Suppose in the first place that the tumor is of moderate size, hard, and slow of growth; with or without chloroform, as circumstances may determine, two, three, or four needles are introduced at equal distances into the tumor, and connected with the negative pole or cathode of the battery. The positive pole or anode is connected with a broad plate, which is applied with a wet compress to the skin at a certain distance from the tumor, and moved from place to place. The current is generally increased up to thirty-five or forty elements, and after twenty to thirty minutes gradually lessened, and needle after needle withdrawn.

This operation is repeated for a limited number of times, at intervals of three or four days, the needles being introduced at different parts of the tumor. After this energetic treatment, a weak current of four to eight elements is to be used daily for months.

The negative pole formed of a flat plate and a wet compress is placed over the needle punctures, and the positive at a distance from the tumor as before. The sloughs produced by the needles come away after a time, and their track serves as a conductor for the current.

If, in the second place, the tumor be a large one, then the only modification is, that during the operation, needles should be extracted and placed in different situations. The number of needles should not, however, be increased above four at one time.

If, in the third place, the tumor be large and ulcerating, then an attempt is made to produce sloughing in it. In this case, the node (or a positive) needle is thrust into the centre of the tumor, and its base transfixed with a number of needles connected with the negative pole. These are left for about twenty minutes, and then inserted in a different position. In from seven to ten days the whole or part of the tumor generally sloughs away, and if it is not entirely removed the operation may be repeated. After this rather severe treatment, there is never any fever or special constitutional disturbance.

In this case, also after the tumor has sloughed, the treatment with weak currents should be continued for months. Of late, the author has sometimes introduced a slight difference in the treatment of the first and second class of cases. Instead of inserting cathode needles throughout, he has occasionally begun with an anode needle, which he has only kept in for a short time, and he thinks this an improvement on the original plan.

The anode needle should only be kept in for a short time, as otherwise it is apt to cause sloughing; after this single application of the positive needle, he continues as before. It is to be noted that the author attaches great importance to the efficient carrying out of the treatment with weak currents, after the energetic currents have been used preliminarily, and he generally entrusts this latter treatment to the patients.

The author has also used a similar mode of treatment as others have done in aneurisms, varix, &c. His method is in this respect different from the usual, that he does not insulate the stems of the needles which he introduces.—[*Braithwaite's Retrospect.*]

SUNBEAM CAUTERY.—For nævi, chancres, condylomata, and many other superficial and skin growths, requiring eschorotic treatment, Dr. R. S. Goodwin says, he has successfully used a double convex lens of about two-and-a-half inches in diameter and of a focal distance of ten inches. It leaves very little scar and produces no hæmorrhage.

PAINLESS DILATATION OF THE URETHRA.

"A new device for this purpose is mentioned in a *French* journal. It simply consists in the employment of liquid about twenty metres high, established by means of a funnel, and containing about a pound-and-a-half of water (boiled at 25° or 27° c.,) and suspended above the patient's bed. An India-rubber tube (about two metres long,) and provided with a cock in the middle of its length, (so as to moderate or suspend the current of water,) having at its end a small glass pipe like an ordinary syringe, which is to be introduced into the meatus urinarius, connects the apparatus with the penis. The glass end being introduced, the cock is more or less opened at will, and slight pressure is exerted on the glans to prevent the water from running outside. The water in the funnel is then forced down by its own weight, and runs down drop by drop, dilating the stricture without pain, and through its local and antiphlogistic action, rendering the urethra pervious to sounds and bougies.

The patient can himself apply the apparatus 3 or 4 times a day, and when it is removed the surgeon has only to make use of his sounds and bougies."—[*Med. and Surgical Reporter No. 876.*]

A CASE OF FALSE ANEURISM OF THE ANTERIOR TIBIAL ARTERY: *Application of Esmarch's Apparatus.*—Dr. Leisrink relates (*Deutsche Zietschrift fur Chirurgie*) a case in which a false aneurism was produced by wound of the anterior tibial artery. While Dr. Leisrink was making the diagnosis, and had his stethescope applied to the part, the aneurism burst. Esmarch's apparatus was immediately applied; the aneurism was laid open, the clots turned out, and the vessel ligatured. The patient's recovery was complete.

A PALLIATIVE IN PAINFUL URINATION.—"In retention of urine from stricture, in hypertrophy of the prostrate, after operations on the urethra, etc., Dr. Cazenavi recommends the employment of ice suppositories. A piece of ice, of oval shape and the size of a chestnut is inserted in the rectum.—The relief is prompt and most satisfactory to patient and physician."—[*Medical and Surgical Reporter, No. 876.*]

ICTERUS CATARRHALIS TREATED BY FARADIZATION OF THE GALL-BLADDER.—Prof. Gerhardt (*Berliner Klin. Wochenschrift*, No. 27, 1873, "Archives of Electrology,") says that sometime since, he recommended faradization of the gall-bladder in cases of icterus catarrhalis. Further experience has proved to him that this treatment is followed by good results. The position of the gall-bladder can be easily determined by percussion. After its position has been well marked out, one electrode from a strong secondary current should be placed over it, and pressure exerted in the direction of the spinal cord. The other electrode is placed upon the back at a point horizontal to the position of the gall-bladder. With a strong current, there is great contraction of the abdominal muscles. After repeating this operation several times, the jaundice decreases to a marked degree. Prof. Gerhardt reports two cases, in both of which the area of dullness of the gall-bladder was well made out, and was much reduced by the application. In two days, bile-colored stools and a decrease of the jaundice were noticed. No other medication was used.

REDUCTION OF ENLARGED GLANDULAR TUMORS BY POWERFUL INTERRUPTED FARADIC CURRENTS.—Dr. Moritz Meyer,(*Berliner Klinische Wochenschrift*, No. 10, 1874) speaks of the reduction of glandular tumors by *very strong* faradic currents, *interrupted* by a current-breaker. The tumor is broken up by the *mechanical* influence of the current, and sometimes becomes perceptibly smaller after the operation. A persevering treatment has a permanent effect in reducing, though not entirely destroying the tumor. He reports two cases treated in this way.

[We have treated a case of goitre partly by this method, alternating it with electrolysis, and the reduction has been more rapid than in any other case that we have treated by electricity. We did not see the immediate effects of which Dr. Meyer speaks, but we are inclined to believe that it aided the electrolytic treatment.—G. M. B., *in Archives of Electrology*]

SWEET OIL AS A DRESSING FOR WOUNDS.—The *N. Y. Med. Jour.* says: Dr. Jos. W. Howe has recently introduced at this hospital Sweet-oil for the treatment of all kinds of wounds. It has several advantages over any of the other dressings in use, and apparently yields better results. The advantages are, that it keeps the air from the wound, and at the same time is a grateful dressing to the patient. It also promotes healthy granlations.

The mode of application varies with the variety of wounds for which it was intended.

In necrosis, after the sequestrum is removed, the cavity is filled with the oil, and a lint tent introduced. Every day the oil is renewed. In one case of necrosis of the lower jaw this procedure was had recourse to, and shortly after,the patient was attacked with the facial erysipelas, but strange to say, the side of the face which had been operated on was not affected.

In incised wounds, the edges were brought together, and lint soaked in oil used as an external dressing.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR.

MUSHROOM DOCTORS—MINISTERS FREE.

BY A. M. CUSHING, M. D., LYNN, MASS.

Mr. President and Members of the Essex County (*Mass.*) *Homœopathic Medical Society:—*

GENTLEMEN—My subject for this afternoon may seem out of place, but when we consider that at all times, under all circumstances, night and day, storm or shine, we must stand face to face with the grim monster—Death; constantly watching the various forms in which he may appear; carefully guarding our loved ones and the loved of others who appeal to us for protection; standing as we do upon the watch-towers of medical science, mapping out and placing beacons for those who may come after us—shall we step lightly as we go, or shall we march soldier-like, leaving "footprints on the sands of time":

> "Footprints which perhaps another,
> Sailing o'er Life's solemn main—
> A forlorn and shipwrecked brother
> Seeing, shall take heart again."

We have not only our professional reputation to protect;—we must save our families from cold and hunger, and ourselves from want when age compels us to abandon our labors.

We are a band of physicians practicing medicine according to principles which we believe are safe and true. Principles which strictly followed have proved by actual experiment and figures, to be cheaper to our patrons, shortening the duration of common diseases, curing those formerly considered incurable, and saving a greater per cent. of lives than any other known method. Yet from the beginning of this practice to near the present time, its practitioners have had to bear all the jeers, slanders and lies of an aged and powerful self constituted foe; and even yet at times, the old craters burst out their jets of filthy fire. How we have borne it, our increasing numbers, thriving societies, hospitals and colleges can tell; and were it thus to continue we would not complain, but a more dangerous enemy is now confronting us, in the shape of shallow-brained, weak-kneed members of the self-styled scientific school, who for want of common sense, ambition, or many of the qualities which make up the man, have struggled along with starvation staring them in the face—having seen homœopathy becoming popular—in the evening have bought a case of homœopathic medicines and a small book, and in the morning are full grown mushroom homœopathists. Having no principles for a guide, they are willing you shall choose your own method of dying, provided you employ them; ever on the alert to supplant, even by falsehood and deceit, those who have for long years been firm believers and devoted advocates of homœopathy.

There are some who change from honest conviction and true principle, and no one welcomes such more gladly than the writer. We have often been accused of being too fraternal with those who change apparently for money and position, and perhaps the accusations have been true; but we have always endeavored to make such associations beneficial to them and advantageous to homœopathy.

If a man after studying homœopathy more than twenty years, having had many thousand sick persons under his care, associated and consulted with many of the learned ones of the profession, could not impart some little knowledge to beginners, he must indeed have been a poor student. I presume others have been more lenient; but when I see the poor return accorded to us by such ones, and when I see patients die who might have been saved by judicious homœopathic treatment, or even by moderately good "old school" practice, I ask myself *who* is to blame. Is it us? If so, how can we remedy the evil? Is there any way to prevent such hypocrisy

—such trading of life for money? We cannot hinder such ones from using deceit, trifling with health and life. No, there is no custom, no law against it.

But can we not teach the people in some way that homœopathy *is* a great science; that it cannot be learned in a day, a month, or a year; that "old school" physicians know no more of it than the people do of their hieroglyphics and Latin abbreviations; that many of those who use homœopathie medicines do so not only to kill homœopathy, but to steal from the homœopathic physician what he justly deserves, the privilege of administering to those who believe in its virtues. Some carry unmedicated homœopathic globules to give as a pretence, knowing that the family prefer homœopathic treatment, and if they cannot have what they suppose is homœopathic treatment they will be sure to send where they can get it.

The idea sometimes entertained that doctoring both ways is an evidence of superior skill and knowledge, is fatally false, for with scarce an exception it is evidence of ignorance of the principles, and a want of confidence in the action of medicines, and he who knows the least of genuine materia medica, will *profess* to be *the wise man* of the day, yet use every effort to ascertain the desires of his patrons in order that he may exactly coincide with their views.

If the law will not protect the people, the people ought to learn to protect themselves, and to understand that there are medical as well as highway robbers. It is also our duty to secure the profession of our adoption from such professional swindlers. How can this be brought about—who can tell? Must homœopathy assume their death rate as its own legitimate rate, and its honest practitioners count such as the results of homœopathic treatment, when they know it is false? Shall we tamely submit to and counsel such corruption, or shall we make one combined effort to retrieve the disgrace heaped upon the bequest left us by Hahnemann.

I now step from unholy to holy ground—ground which has been so lightly trod by the medical profession, that scarce an imprint has been left to guide us. The second subject which I wish to bring forward, is the recompense of physicians for services in attending clergymen and their families. It is one which I mention with timidity, expecting that if it be but slightly agitated, I shall be the subject of many prayers.—Within our remembrance, even since some of our members began the practice of medicine, almost every clergyman was a sort of missionary, getting but a very small salary, obliged to visit much to get a living, and often suffering from cold and hunger; but he was about his Master's business and did not complain.

Now the scene has changed. Religion is the same, but its tactics have been revised. It is not the minister now who wins the most souls to Christ, who preaches the sharpest truths that receives the loudest calls, but he whose rhetoric and eloquence can draw the largest audience or induce his people to build the most elegant church with the tallest spire. Such receive large salaries, and others thinking themselves nearly equal, many of them demand and receive generous support, while some who are unable to demand satisfactorv compensasation, suddenly find their call to the ministry revoked, and enter some profession which seems to promise better pay.

I do not wish to say one word against ministers, for I believe them to be, with a *very few exceptions*, honest Christian men. By their uprightness they have obtained public confidence, and therefore have demanded and received just remuneration for their labors, and I see no *good* reason why they should not pay the doctor for his services. Some *are* willing—why not *all?* I know some doctors demand and get their usual fees, some one-half; but who are they? Physicians many of them of reputation and wealth, and who dare demand it, and a few who must have it or starve, and risk denunciations rather than hunger.

Some physicians say, "use all men alike"; but custom makes laws, and it has been the custom generally to make no charge, and so prevailing has been the practice, that in many cases if a doctor present his bill to a minister for payment, there is at once a cry of wonderful, astonishing, extortion, &c. Many a young doctor is called to attend such families when he cannot afford to spend his time and give his remedies. There is no class in community whose love for their family is greater than the ministers, and demands more strict and studied attention.

Many claim that their influence pays—sometimes it may, not always. I have known a minister to employ a doctor and be perfectly satisfied with his services, till a small bill was rendered (perhaps fifty per cent. discount at that,) and within a week was a zealous advocate of another doctor; or discard a doctor who had been a faithful servant, standing on the verge of the grave, fighting beyond hope, tearing away the films of death, winning victory at last—simply because another doctor had become an attendant at his church; but the discarded doctor has treasured in some warm corner of his heart the belief that he did his duty, and a faint recollection that he has received "thank you," for his pay.

I have had a minister in whose family I had made hundreds of visits say, " Doctor, you have done wonders in my family, and I should be glad to recommend you or say a good word for you occasionally, but it will not do, for Dr. (so-and-so) is a member of my church." Such an influence cannot feed a poor man, nor crowd our offices with the sick. These of course are exceptional cases, and it is only these that need our combined interference to secure justice to all. If we attend church, whether members or not, we are expected and are willing to pay well, then why not expect pay for our services. If a minister have sickness in his family oft-times his generous congregation unite and pay the bills. Why pay others and not us? Why not adopt some system by which young practitioners, or even the whole profession can be guided and thereby receive some remuneration for their services, and still be considered honest men? If clergymen when travelling are willing to ride upon children's tickets (half-price) ought they not consider us worthy of as much consideration as a railroad corporation, provided we prove as safe an escort in times of danger, as the railroad in ordinary times.

I would discountenance any regulation which would not allow us to remember the poor whether in the church or out; but the dignity of our profession demands that we receive some acknowledgment from *all*.

TO THE MEDICAL PROFESSION AND THE PUBLIC.

Whereas, I did about the year 1868, obtain Letters Patent of the United States for a pessary, and

Whereas, "To hold a patent for any surgical instruments or appliances," is held according to our code of Medical Ethics "to be derogatory to professional character, and inconsistent with the beneficence and liberality which should characterize the medical profession," and

Whereas, It is not my desire to derive pecuniary profit from said patent to the disadvantage of any person living, either professional or otherwise, and

Whereas, I would regret exceedingly to stain the fair name of our beneficent and liberal profession by holding a patent as aforesaid—

Now therefore, I hereby relinquish all the right, title and interest which were secured to me by said letters patent, to the free use of the Professian and the public forever.

E. J. FRASER, M. D.

San Francisco, May 1st, 1874.

HAHNEMANN HOSPITAL, N. Y. CITY.—Dr. F. Seeger says: "Operations on the new building have been suspended in consequence of the deep digging of the Vanderbilt railroads, in sinking the track below the street levels. At this point in our grounds the digging is very deep and would seriously endanger our foundations. We shall, therefore, be obliged to rest on our oars for the next six or eight months. The track sinking once finished and our site will be one of the most beautiful and valuable. The ground is even now worth $150,000."

MEPHITIS AMERICANA AND HYDROPHOBIA.—An article in the *American Journal of Science and Arts*, presents the unpleasant animal called the skunk in a new attitude. "It appears that in the West these creatures have a habit of biting people at times, and that the bite always results in hydrophobia. A large number of cases are cited in illustration. The hydrophobia produced by other animals is much less fatal than that from the skunks. From this it is possible to infer that that disease originated with these animals,and they have transmitted it to others,its power being, as always lessened by transmission. They are its originators. Then,to carry out a suggestion offered in the article, it is noticeable that the odorous secretions of the skunks, when administered in proper quantities, have a very beneficial effect upon all sorts of convulsive troubles and attacks of that kind. The inference was then made that the liquid is an antidote for the poison of the bite, and the idea is thrown out that in the skunk the source and cure of hydrophobia may be simultaneously discovered if any scientific person feels inclined to wrestle with a problem of such innate strength."

APPARENT DEATH RECOGNIZED BY FARADIZATION.

The *British Medical Journal* says: Prof. Rosenthal, of Vienna, has recorded an interesting case of trance detected by faradization in a hysterical woman whose death had already been certified by a country practictioner.

It had been found that a looking-glass held to the mouth of the woman did not show any moisture, and that melted sealing-wax dropped on the skin caused no reflex movements. Rosenthal, who was accidentally present, found the skin pale and cold, the pupils contracted and insensible to light, the upper and lower extremities relaxed, the heart's impulse and the radical pulse imperceptible. Auscultation, however, showed a feeble, dull, and intermittent sound in the cardiac region. No respiratory murmurs were audible. All the muscles of the face and the extremities responded well to the faradic current.

Although the patient had been apparently dead for thirty-two hours, he thereupon informed the relations that she was only in a trance, and recommended that attempts at resuscitation should be perseveringly followed.—On the following day he received a telegram saying that the woman awoke spontaneously twelve hours after his visit, and gradually recovered her speech and movements.

Four months afterwards the patient called on him, and informed him that she knew nothing of the commencement of the attack of lethargy in which she had been; that she had afterwards heard the people about her talk of her death, but had been utterly unable to give the slightest sign of life. Two years afterward she was still alive and tolerably well.

TABLE SALT IN HÆMORRHAGES.

BY G. OEHME, M. D., STATEN ISLAND, N. Y.

The article on "*Post Partum Hæmorrhage*" in the June number of your valuable journal, induces us to draw attention to a very effectual remedy to stop hæmorrhage from any organ. It is not a rare select drug, but merely common *table salt*, and the more valuable, as it is always at hand. We have not seen this simple agency mentioned for years, and therefore take the liberty of referring to it again.

When treating a case, I place the bleeding part as much higher than the rest of the body as possible, and if our usual remedies, viz: Arnica, Belladonna, Hamamelis, Sabina, Secale, etc., (the two latter after confinement,) and the two last resorts, Ipecacuanha and China fail, I dissolve about two teaspoonsful of salt in one-half cup of water, and give a teaspoonful every two or three minutes, until the bleeding stops. Seldom are more than three spoonful necessary.

As soon as the profuse flow ceases, I use again homœopathic remedies, generally China. Should the bleeding again become excessive, I give another spoonful or two of salt-water. I enjoin always absolute rest and quietness, and allow only *cool* food and drink for two or three days. I never have used any kind of injections, cold water or ice internally (except the latter in cases of bleeding from the nose,) because, unless the external applications can be brought *to the very spot*, from whence the blood issues, they are likely to do more harm than good.

Much mischief may be done by being too busy, and cases may have been lost by having too much done, as happens in many diseases with our allopathic brethren.

Women can lose fearful quantities of blood, grow blind from weakness, have roaring in the ears, and even faint, and still be saved. We have treated in twenty-two years many very profuse hæmorrhages from different organs in the manner above indicated, and not lost one case yet. We do not fear a bleeding.

ANTIDOTE AGAINST RABIES.—The *London Medical Record* says, that Dr. Jitzky lately communicated a very interesting circumstance to the Imperial Society of Wilna, in Russia, respecting a very vicious dog, who had the habit of rending vipers (*Coluber berus*) into pieces, and whose muzzle and neck were covered with tumors produced by the bites of these reptiles. This dog was bitten by a rabid dog, which had caused death by hydrophobia to several horned animals and a young dog. The owner of the first-mentioned dog, who valued it, kept it alive, but watched it continually, so as to destroy it on the first appearance of rabies. No symptom of the disease, however, appeared; and to the great astonishment of Dr. Jitzky and its owner, the dog continued in perfect health. But what particularly attracted Dr. Jitzky's notice was. that a woman living in the same locality was first bitten by a viper, and subsequently by a mad dog, and hydrophobia did not ensue. This led him to ask if there were not an antagonism between the venom of the viper and that of the rabies. If this be admitted, it would be possible to preserve young dogs from hydrophobia, by inoculating them with the venom of the viper. It is reserved for future experimentalists to decide the reason of the singular coincidence which occurred in the facts above cited. We also learn from the *Gazette le Kievlanine*, No. 38, 1874, that amongst the remedies vaunted against rabies, and which are about equally effectual, the "znakars," a kind of wizards in the south of Russia, employ the root of the black Turbith (*Euphorbia palustris.*)

DEFERRED ARTICLES.—The following papers, with others of interest, we are obliged to defer until next number :—

Book Notices and Reviews.	*Personal Notices. etc.*
Myosotis. Diseases of Larynx.	*Physicians and Pathology.*
Portable Steam Nebulizer.	*Simaruba Cedron.*

Diseases of Children.

THOMAS NICHOL M. D., MONTREAL, CANADA, EDITOR.

DIAGNOSIS OF DISEASES OF CHILDREN.

BY P. B. HOYT, M. D., OF INDIANAPOLIS, IND.*

There is no department of medical science that requires a more careful study, more discrimination, and minute observation than the diagnosis of diseases of children. These propositions become the more important when we consider that a large proportion of practice is among this class of persons.—Then again, many times the diagnosis of diseases of children is rendered difficult by the unintelligible answers of parents and nurses. Not being accustomed to observe closely in any of the departments of life, it cannot be expected that in the observation of symptoms in diseases, that they would be any more minute; and hence it often happens that a double work devolves on the *practitioner*. Hence too, the necessity of a careful study, or a thorough acquaintance with all those *physical signs*, so pointedly manifest in the little sufferer.

The importance of these signs is manifest from the fact that the patient cannot convey to us by words, the position of pain, its character, nor its duration, though it will often point with its little hands to the locality of pain.

It is conceded, that the ultimate object of study, in all departments of medicine—the object that must be ever kept in view by all is the *relief* of the sufferer, by the proper application of the various articles of the Materia Medica on the one hand, and whatever of surgery may be necessary on the other.

Hence, to the homœopathic physician, not only are the *physical signs* of the utmost importance, together with a correct comprehension of their import, but that drug which induces the most perfect *similia* of the *physical signs*, and which in its effects corresponds most nearly to the pathological conditions, becomes the subject of earnest inquiry.

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* Read before the Marion County Medical Society of Indiana.

Dr. Barclay ("Barclay on Medical Diagnŏsis,") very justly remarks:—

"It is the province of diagnosis to combine together the various lessons—(referring to anatomy, physiology, pathology, nosology, and semeiology)—and by the symptomatology of disease in general to any particular case, to arrive at a a just conclusion regarding its true nature and pathology; and though it does not enter directly on the question of treatment, it has regard to all those indications on which it ought to be based."

To the homœopathic physician, the exact symptomatology of the drug must be known, corresponding as nearly as possible with the physical signs or symptoms of the case presented for his inspection, and as each case is an individuality, or a case by itself, we of necessity have to individualize each drug, thus making the remedy a specific in the case before us. And it is our opinion that in this, and this only consists the specific action of a drug.

How often do we hear the remark—"that what will cure one, will do another no good." This arises from a miscomprehension of the individual characteristics of each given case of disease, though it may have the same general name.

Then again, in the diagnosis of children, we must always remember the peculiar sensitiveness and susceptibility of their systems to the various changes of the atmosphere, and morally speaking, to the presence of strangers, the physicians, and its likes or dislikes of nurses, as well as the particular and general conditions, or idiosyncrasy of the case.

This last observation will be found of great service in the more formidable diseases that strike at the more important functions of life. I have been so strongly impressed with some remarks of Dr. Barclay on this subject, that I cannot forbear transcribing them in this place:—

"If it were true that the symptoms by which the disease is recognized were exactly analagous in all cases, it would be enough that the student should commit to memory the summary contained in any systematic treatises, when he would *at once* be in a condition to pronounce an opinion upon any case put before him. But this is far from being the case; the idiosyncrasy of the individual, including in the term all the differences exhibited by various persons in their susceptibility to the influence of the same noxious substance or emanation;—and not less this, the varying power of the causes of disease, which though unproved, and perhaps incapable of proof, we cannot deny exerting an influence now more potent, now weaker; the combination of these two circumstances leads to the almost endless variety in the outward manifestation of their operation on the human frame. The perplexity thus produced has led men to seek for some symptom which may of itself determine the nature of the malady which may be considered in common phrase, "*pathognomonic*" of the disease.—Such simple indications would be invaluable, if they were attainable, but unfortunately the proof they are supposed to afford is based on false induction. Some of the greatest minds have fallen into this error, and none more than they who have cultivated the physical aids to diagnosis, first introduced by the great Lænnec."

But let it not be understood, that we disregard or discard the use of the stethoscope, the microscope, or any of the physical instruments *as helps* in the diagnosis of disease. *No means should be disregarded* that *will help us to correctly diagnose disease*—and we thus become better qualified to relieve the sufferings of the afflicted.

Passing these more general remarks, we come to the direct consideration of our subject:—

First. Very young children are quite indifferent to professional examinations, and when comfortable pass most of their time in quiet sleep; but as soon as they begin to take notice of surrounding objects, and especially of the presence of strangers, or strange faces, they manifest more or less of fear and agitation. It is from this period that our examinations become more difficult, and in order to arrive at correct conclusions, we are neccssitated to examine them during repose or sleep, and also during wakefulness.

There are several things to be noted during these examinations.

What to be observed during rest.

First. The expression of the countenance, which in *very young infants*, betrays with tolerable certainty its sensations, and will assist the careful observer greatly in forming his diagnosis.

A distinguished observer (Eusebe de Salle) correctly says: "That the *healthy* nursing infant has a totally expressionless physiognomy," in which every one, a mother perhaps excepted, must agree with him. "The fact is all the more important, that sick children have a certain expression of countenance,is in a great part due to the disappearance of the adipose tissue from the subcutaneous tissues ; in part, however, this is due to the peculiar contraction of the otherwise relaxed facial muscles." For instance, in a previously robust, healthy child, the countenance undergoes very rapid change upon the supervention of a profuse diarrhœa, and in case of Asiatic cholera it is sometimes scarcely possible to recognize it again, in the short space of a few hours.

"The eye-balls sink back into the orbits, so that the lids are scarcely able to cover the bulbs, and a fold forms in the lower eyelids. The nose becomes pointed, and the previously plump, ruddy lips become sharp and pointed."

The marked change of countenance in chronic atrophy is a well defined illustration of this point. "The last trace of adipose tissue disappears from the face ; the integument everywhere becomes loose and corrugated, and in addition, various contractions of the muscles take place, as a result of cerebral irritation, especially that of the frontal, next of the corrugator supercilii, and the levator alæ nasi et labii superioris muscles, by which the face acquires a senile appearance," called by some French writers a Voltairian face. There is one other characteristic expression of the face which is a diagnostic sign of inflammation of the lungs, can be relied on with almost a certainty, namely: "*The rising of the alæ-nasi with every* inspiration." My own experience demonstrates this to me beyond any doubt.

When a child is quiet, and sleeps soundly and quietly, and is lively when awake, we may conclude it is in a healthy condition, "There is a marked difference between this and a condition of powerlessness and stupor. In a state of powerlessness there is no activity, it lies in an apathetic state or condition. While in stupor the eyes are staring,and do not follow the eyes of the mother, or of the nurse, which we nearly always see in healthy infants, even though they are but a few weeks old. Neither are the eyelids fully closed during sleep, and the lids cover a little more than half of the cornea."

Secondly, the Pulse. Some of our most intelligent authors look upon the pulse as of little importance in the diagnosis of children. But while we admit that it is not as reliable as in the more advanced periods of life, yet we cannot and must not entirely disregard its indications. The normal pulse of the healthy child may be set down at about *one hundred* beats per minute.

In twenty-four healthy sleeping infants, it was found that the minimum was ninety-two, the maximum one hundred and thirty-six, medium one hundred and nine.

In the Foundling House at Paris, it was found that in thirteen healthy sleeping nurslings, from three to twenty-one days old, the medium pulse was eighty-seven, the minimum being seventy-six, maximum one hundred and four. We therefore conclude, that any great departure from these standards, may well be considered abnormal.

But doubtless our chief attention should be turned to the *rhythm* of the pulse; for instance, an unrhythmetical, interrupted pulse occurs in cardiac affections and cerebral diseases, yet we find great slowness of the pulse in *sclerema* of new born infants, and in many cases it is entirely imperceptible for several hours and even days prior to death.

Thirdly, the Respiration. In the healthy respiration of the young child, we find the diaphragm contracting stronger and firmer than the thoracic muscles. This is termed by several authors, "*as predominantly abdominal.*"

The lower portion of the chest is more expanded than the upper, indeed the upper portion seems to be dilated very slightly. This marked condition of the healthy child should always be kept in mind in our examination of the chest; for it will be found that the breathing varies greatly in the various pectoral diseases, and here too, as well as in the examination of the pulse, it is all important that the child should be in a quiet frame of body and mind. If examined in a restless condition, the results of our investigation will be unsatisfactory and of little diagnostic value.

We are aware of the great difficulties that often supervene in this respect, and of the great forbearance that is often required at our hand; but "in patience possess your souls," and you will be amply rewarded. In no case should the physician allow himself to become angry, nor use harsh language to a child—it is the gentle means that will conquer. Neither is it professional, and it is most ungentlemanly.

In a case of *cholera*, (I use this disease to bring out certain conditions of respiration) where the veins are turgid with semi-fluid grumous blood, on account of the tardy venous circulation, caused by the weakening of the cardiac powers and diminution of nervous stimuli to the organ, manifesting itself in the capillaries of the lips, eyelids, fingers, &c., as cyanosis. And here let me remark, that only children of full habit become cyanotic, while marasmatic children assume a yellow hue.

As might be expected there is great disturbance in the respiratory organs in this condition; but by physical examination we find nothing abnormal in the lungs themselves, but in the performance of the respiratory act, great changes soon manifest themselves—"the child breathes irregularly, sighs deeply and frequently, and suffers intense dyspnœa."

But the most marked phenomena of all, is the coldness of the breath, which may be distinctly felt by holding the hand over the mouth ; this sign is of great value prognostically, and shows clearly the the arrest of metamorphosis of the tissues ; with this the extremities are also cold, and with the palpitation of the nose, forehead, hands and feet, will suffice to enable the observing physician to correctly diagnose the severity of the disease and its probable termination.

There is also a marked diagnostic respiration in hydrocephalus ; I will barely glance at it, viz : The unrhythmetical respiration. In one minute the child respires fifteen times, in the next thirty, in the next twenty. At one time the respiration is superficial, and is barely perceptible and without any audible sound ; then again it is deep and sighing. These are called *hydrocephalic signs.*

Gentlemen, I find I am exceeding my limits, and will therefore call your attention to a few of the more diagnostic signs, which you will meet in every day practice, and bring this paper to a close.

Obstinate constipation with retching and vomiting, denotes approaching hydrocephalus. When infants have flatulency ; the passages from the bowels will have a greenish tint. Alternate diarrhœa and constipation indicates disease of the *mesenteric glands.* If the passages from the bowels are glassy, transparent and mixed with or streaked with blood, it indicates inflammation of the bowels.

If the breath smells badly and there is borborygmus, eructations, and slight fever, it denotes gastric derangment. Frequent or hurried respiration, denotes internal inflammation ; accompanying symptoms will determine its locality,

If children throw themselves about unceasingly, and find no rest in any position ; when they have a heightened temperature of the skin, with an accelerated pulse, and then *become tranquil without any diminution of fever.* This remission is the result of increasing weakness, and may be regarded as an unfavorable sign.

In exudative affections of the brain, children often flex their heads backwards. In cerebral atrophy, as a result of general atrophy, they will constantly rub the occiput on the pillow, or bore the head into it, and with their little hands pull their hair and ears, and sometimes at the genital organs. Healthy children when tired, fall asleep in any posture, and quietly continue to remain so; whereas, in pneumonia, in most cases they lie on the back, or on the affected side; and if placed on the well side will immediately turn over.

If a child has scrofulous inflammation of the eyes, they will lie on the face. Frequent *sighing* during fever denotes approaching exanthema. When a cough is dry and causes pain, we infer inflammatory affections of the lungs, pleura, or larynx—each has their own characteristic signs.

But enough, Gentlemen, I have but barely touched our subject; before us is a wide field. He that is best posted will meet with the best success.

A RARE KIND OF LEUCÆMIA IN CHILDHOOD.—Dr. F. Gallasch (*Jahrbuch fur Kiendelkunde,*) reports a case occurring in a child four-and-a-half years old. The parents were heathy—there was no taint of syphilis. The child had been subject to bronchial catarrh, with occasional swellings on the glands of the neck. There had been no bleeding at the nose. It never had the usual children's complaints. Before its admission into the hospital it had suffered from an asthmatical cough for the last six weeks. There had been no fever nor sickness. The child had lost flesh very sensibly during the last 14 days, becoming pale and bloodless. After a stay of 3½ months in the hospital it died comatose. In the *post mortem* examination all the lymphatic glands were found much enlarged, also the liver, spleen, Peyer's patches, and solitary glands. The kidneys were pale, of normal size. The testicles and lachrymal glands were enlarged, especially the latter. Microscopical examination of the testicles and lachrymal glands showed excessive lymphoid infiltration into the surrounding areola tissue,compressing and diminishing the gland substance. The same lymphoid infiltration was found in the other glands, showing that the progress of the disease was the same in all the structures.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

ON ALCOHOLISMUS.

(De l'Alcoholisme et de leur Treatment.)

By DR. C. WAGNER, (Ourage couronne par l' Academie de Medec,) Paris, A. Delahage, 1874.

The essay is the result of observation and of careful physiological experiments on the the symptoms of acute and chronic alcohol intoxication.

By giving alcohol to a dog, we witness at first a kind of pleasant excitation, passing soon over into a state of relaxation, finally a more or less deep sleep follows ; the heat of the body decreases ; anæsthesia takes place, a paretic state of the posterior, finally also of the anterior extremities. After some time all these symptoms disappear and the animal is again in good health. Such an experiment was repeated in the same dog for 10 to 15 days, and no further symptoms, nor convulsions or deliria of the senses set in.

When the experiment is carried on for a longer period, a permanent irritability is developed, the animal becomes restless, anxious, wishes to be let alone, bites at the approach of people. After thirty days of continued experimentation delirium of the senses and real delirium sets in with trembling of the extremities and of the whole trunk. After each new dose the trembling increases and lasts from ten to twelve hours. Sensibility is not notably diminished ; the digestive lesions differ in intensity according as the alcohol was carried into the stomach alone or mixed with food. Anatomical changes in consequence of acute alcohol-intoxication are found in men and animals, especially in the nerve centres, in the liver, kidneys, lungs. *Lallemand*, *Perrin*, and *Duroy* have demonstrated the presence of alcohol in the organism and especially in the nerve-centres and in the liver.

Chronic alcohol-poisoning causes the well-known tissue-changes, especially sclerosis or fatty degeneration of the organs attacked.

Alcoholism in man may be divided in three groups:

(1.) Simple delirium alcoholism.

(2.) Delirium tremens.

(3.) Chronic alcoholism with its transition into idiocy and progressive paralysis.

Delirium alcoholicum begins after a drunken spree of several weeks or months, with the symptoms of great irritability, disturbed sleep, hallucinations, delirium finally sets in, which may take on the character of mania, melancholy or stupidity, and finally either rapidly or slowly tends to full restoration.

There are two forms of delirium tremens; a delirium tremens febrile, where the fever is not caused by an accidental disease, an idiopathic fever. (1.) Delirium fever which appears to habitual topers in consequence of intercurrent diseases or from traumatic causes.

We differentiate in the following manner: the delirium tremens febrile is nearly always caused in consequeuce of recent alcoholic excesses; the delirium tremens complications attack chronic drinkers, when attacked by intercurrent diseases. (2.) In delirium tremens febrile the fever is an essential point of the disease; in delirium tremens complicate the fever finds its cause in the complicating disease. (3.) In del. trem. febr. autopsy gives us hyperæmia and even hæmorrhage of the nerve-centres, or the usual tissue changes, belonging to chronic alcoholism, (steatosis and sclerosis) in del. trem. complic. we find the lesions belonging to the complicating diseases of the affected organs.

Dr. Magnam believes in the "non-restraint" treatment, and warns especially for every compression of the extremities;—every vestige of alcohol must be removed from the body during the first 7 or 8 days, and the strength of the patient preserved.

In chronic alcoholism the brain and spinal cord are affected, we find fatty degeneration with atheroma of the blood vessels and diversely localized ichorous in the grey and white substance.

PARAPLEGIA EPIDEMICA.

BY DR. BOCKHAMMER,

A paraplegia epidemica was several times observed in a dry cool region of the province of Guadelayara in Spain. It raged fearfully during the spring and summer of 1872. It mostly attacked strong and healthy persons of every age and sex, (in some villages especially the male population.) The course of the disease was either acute, where all phenomena quickly developed themselves quickly and without prodromata, and reaching the acme very soon, or the disease ran a chronic course.

Its main symptom was a weakness of the lower extremity so that after a while the patients could not walk any more.—According to the severity of the disease the patients complained of the painful sensation of crawling and twitching, or convulsive trembling in the lower extremities; in very severe cases pain in the lumbar region were associated with it. The disease was ushered in by a chill with headache and excessive malaise, in other cases all general symptoms were absent, the patient fell down and could hardly rise or walk without support. In all cases the paralysis of the lower extremities was incomplete, and extended from the muscles of the hip-joint to those of the feet; the flexors were more severely attacked than the extensors. The paralysis extended also to the sphincter vesicæ, so that involuntary micturition took place, whereas the disease showed no influence on stool or on the genital functions.

The electro-muscular contractility of the muscles attacked remained uinjured and coordination of movements as well as the sensibility of the skin were normal. Pressure on the vertebræ caused pain on the sacral region as also when firmly pressing the foot on the ground, which produced a crawling sensation in the extremities, with a sensation of chilliness and coldness.

In all chronic cases a sensation of stiffness preceded for several days the paralytic symptoms, painful prickling set in, and then the debility.

In some cases the disease attacked portions of the spine situated higher up, and even the medulla oblongata, so that the upper extremities and even the tongue had obstacles thrown in their movements. Most Spanish physicians consider the disease a species of meningitis-cerebro-spinalis, differing from the usual form in the seat only, attacking here the lumbar portion of the spine; whereas in true cerebro-spinal-meningitis the medulla oblongata and the upper portion of the spine are the parts affected.—[*Psychiats. Centralblatt, March 1874.*]

MATERNAL CIRCULATION IN THE PLACENTA.

At a recent meeting of the Biological Society of Paris, (*Le Mouvement Medical*, "London Med. Rec.") M. Delore read a paper detailing his researches in confirmation of the fact affirmed by Weber, Kolliker, Turner, and Wenckler, that the blood of the mother circulates in the placenta.

The placenta presents to the naked eye—

1. A circular sinus, or in default of this, orifices like lattice work.
2. Vascular orifices situated on the surface, or at the periphery.
3. Peripheric or central lacunar sinuses. Under the microscope, it shows an epithelium in the circular sinus.

M. Delore concludes that the placenta is situated on the passage of the uterine sinuses, and that it is therefore, nothing but a venous sinus penetrated by villosities. He is supported in his views by the followings observations and proofs:

1. An injection made by the circular sinus penetrates the whole of the placenta, and the same thing takes place if an injection be made by the umbilical vessels.
2. The placenta of the still-born infant, of which the blood has lost the coloring matter, shows recent clots in its interior.
3. All the collected sections of the placenta show villosities in contact with blood-corpuscles.
4. The presence of the vascular epithelium in the placental sinuses is a further proof that blood passes through them.

Materia Medica.

S. A. JONES, M. D., NEW YORK CITY. EDITOR.

POTENCY AND DOSE.

BY F. B. HOYT, M. D.

(Read before the Indiana Institute of Homœopathy.)

The subject of Potency and Dose has occupied no little space in the literature of the homœopathic profession ever since the time of its illustrious founder, Samuel Hahnemann, and so far as either question is concerned, is probably no nearer a solution, except it may be in the matter of time, than at the commencement.

As we peruse the different authors, collecting the results, following the administration of the different potencies, we find about an equal success both with what is termed the *low* and *high.*

Some physicians have used exclusively the low, while others of equal versatility have used the high; both have succeeded well, and both are worthy of commendation.

By *low* potency, we mean those dilutions extending from the first to the fifteenth; and by the *high*, those extending from the thirtieth upwards to the one hundred thousandth, or still higher.

In my own practice I have watched carefully the workings of both, and though we have used mostly the lower potencies, yet we have met cases where the low have failed us, and have accomplished happy results with the two-hundredth.

But it has been said, that it requires more discrimination and a more careful selection of the remedy in using the high potency. Gentlemen, I doubt this most seriously. In either case, if the remedy is given strictly on the principle of "Similia," we *must* have a picture of the disease in the drug to be administered, and the more perfect that picture, the more certain are we of its curative effects. If this picture does not exist in the remedy given, you will not succeed in curing your patient, no matter what potency you may use. Of course this cuts off all routine practice, and individualizes every case that presents itself to us, making good that old proverb—"What will cure one will not cure another"—although both may be suffering from disease, bearing the same general name.

We think it useless to spend further time on this point; every well informed homœopathic physician knows it, and has verified it times innumerable. But the question comes up, *which is best?* Of course, every physician must be his own judge here. But speaking relatively, I cannot see why a high potency may not be used with as much confidence as the low.

Place yourself in the position of an "old school" physician; you have been educated, (and much depends on education in medicine as well in other things) to the use of appreciable doses. It may be a grain or twenty grains, no odds which.—It is hard for him to see how the thousandth part of a grain can accomplish a cure, and his first impulse is to doubt, and perhaps, laugh at what he deems unreasonable.

But even the low potency homœopathist has not this excuse: he has verified the efficacy of the thousandth part of a grain time after time—(why this is only the third potency)—nay more, he has verified the use of the hundred thousandth, yes, even the millionth part of a grain, and knows how well and how quickly he has cured his patients.

The scales that cover the "old school" physicians' eyes have fallen from yours, may be the scale that cover your eyes have fallen off the eyes of him who uses with equal success with you the higher potencies.

You would laugh at the mechanic who would cling to old methods of performing work, may be you would call him a fool, when with the improvements of our day, he could accomplish more, and do it better in less time.

I do not say that the use of high potencies would accomplish all that you might desire. How many times have we been disappointed,even when we supposed we had selected the remedy strictly on the principles of "Similars."

Many circumstances intervene to prevent a perfect action of the drug, and still oftener, the attendants do not give you all the symptoms, and many times the very ones that would indicate positively the proper remedy. It is evident then, that no matter what potency you might use, you might see little benefit resulting from its administration. Then again, judging from the saying of some of our most prominent authors—"There are some remedies that seem of little use above the 2nd or 3rd dilution, and some that must be used in the mother tincture in order to effect their curative powers. Looking over the whole field, as nearly as we can with an impartial eye, we conclude, that we are not justifiable in confining ourselves exclusively either to the low or high potencies, but may and ought to use both according to circumstances."

My friend, Dr. Eggert, not long ago gave us some valuable results of the use of high potencies, in cases of fibrous tumors of long standing, given at the change of the moon.

On the other hand, my friend, Dr. Corliss, gave me some valuable hints on the use of Sticta pulmonaria in coughs and rheumatism.

The experiences of both of these gentlemen is remarkable. Dr. Corliss uses always the low dilutions.

I will not occupy your time in the rehearsal of the written opinion of our authors, these you can peruse in your offices; but will say—let us not quarrel about the potency; but see to it, that we faithfully study and apply the principles of Homœopathy in treating diseases; adding to the magnificent superstructure, and ornamenting it with the clinical experience of the *whole* homœopathic profession.

BANDAGES IN ACUTE RHEUMATISM.—The *Homœopathic World* says· "In order to secure rest to the affected joints. Dr. Oehme in the "Archiv. fur Heilkunde," recommends bandages in acute rheumatism. He relates his experience of this means of treatment in forty-five cases. After comparison with various means of treatment employed in forty-five similar cases, Dr. Oehme says, in favor of bandaging:

1. The pain is considerable lessened.
2. The duration of the fever is much shortened.
3. The duration of the whole attack is considerably abbreviated."

PULSATILLA—LILIUM TIGRINUM.*

Pulsatilla and *Lilium*, although unlike in their general indications, bear the closest resemblance in their action on the veins. They have the same fullness of veins, chest and heart; worse in the evening and better in the open air. Heart feels too full of blood, with weak, feeble pulse, faintness, inclination to take a deep breath. Such symptoms often occur in enlargement, involving the right heart.

Pulsatilla, though feeling chilly, finds relief in the open air and from walking; *Lilium* finds relief in the open air (except headache); but the cold air makes the heart feel icy cold; motion aggravates. If the urine is retained, the congestion seems aggravated.

Lilium like *Pulsatilla*, causes scanty menses; but the former has irritable mood; wants to die, and yet knows not why; solicitude about health; absence of feeling in the head with amenia; longs for meat; diarrhœa hurries her out of bed in the morning. *Pulsatilla* has gentle, tearful mood; wants to die, but fears it; solicitude about health and salvation; mania with amenia; averse to meat; diarrhœa after midnight. Remission, in *Lilium, forenoon;* in *Pulsatilla, midnight until noon,*(except diarrhœa).

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* A comparison—*American Journal of Homœopathic Materia Medica.*

THE EFFECTS OF SUMBUL.—Mr. J. Morgan, in the *Medical Press and Circular*, as quoted in "Medical and Surgical Reporter, No. 886," narrates a curious effect an overdose of the tincture, half-an-ounce, had on a young man. He took that quantity during the night. He felt confused during the next day, but in the afternoon became more overwhelmed, having a great tendency to snore, and did so while quite awake; he felt as if his legs were not his own, and could not trust himself to walk. There was a general feeling of tingling, stomach not sick, pupils natural and obedient to light, a strong odor of medicine from the breath and skin, and especially from the palms of the hands, which felt, he said, "sticky." He had been given strong coffee and tea, and kept moving by attendants, who worked vigorously. The snoring while quite awake and conscious, and lasting for several hours, was remarkable, as well as the peculiar odor of the Sumbul being more perceptible from the skin than from the breath.—The effect gradually passed off by the next evening.

BOILS.—*Arsenic*. The London *Homœ. World*, says: "A gentleman of middle age recently suffered much from a recurrence of boils in the axilla and on the upper arm. The usual (allopathic) methods being found ineffectual, the medical adviser, F. Peppercorn, M.D., had recourse to the *liquor Arsenicalis*, in rapidly increased doses. A use of this remedy for one week rapidly destroyed the two last-formed boils, and removed the furuncular tendency."

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

TREATMENT OF FRACTURES OF THE LOWER EXTREMITIES.

BY J. T. WOODS, M. D., TOLEDO, OHIO.

Bone and muscles act in opposition. When the former is broken the contractile property of the muscles attached to it tends to produce displacement, this will be variable in degree, according to the form of fracture that the bone has incurred. If it be transverse, the displacement will probably be very slight ; if it be oblique, the inclined plane thus produced will tend to pass each other with resulting shortening, and if there be comminution, the fragments will afford less resistance, suffer more displacement, and the limb greater shortening.

The cause of the fracture will often produce an external bruise, or laceration of the surrounding soft tissues, endangering the occurrence of abscesses, erysipelas, gangrene, and other troublesome complications. If we look into the interior of the fractured limb, we shall find in the most simple transverse fracture conceivable none, or but slight displacement and little or no injury to the surrounding soft parts; but in the oblique form of the injury, we shall find bruise and laceration of the muscles, nerves and veins, often to a great extent, with the spiculated extremities and serrated edges of fractured surfaces drawn past each other, and thrust against or through portions of the soft tissues with all the force of spasmodic muscular contraction. If the bone be comminuted, the spiculated extremities and serrated edges are multiplied, as are the points of laceration of adjacent structure, and the points of irritation and injury from their pressure against and into them.

From the torn vessels, blood is oozing into the cavity or stagnating beneath the ragged surfaces, rendering the tissues dark and turgid. The distortion of the bones from their proper line, together with their overlapping, by bringing their spiculated extremities in forcible contact with the sensitive structures, produces pain, and results, of course in spasmodic contraction of the muscles,thus increasing the difficulty in every form. The general relaxed condition and partial abeyance of sensibility immediately after the injury, clearly points to the necessity of *immediate adjustment* and the retention of the fractured extremities as near as may be in their normal relations. This may be effected in a short time by continuous gentle extension, which soon wearies the muscles without provoking spasmodic action.

The end desired is the reparation of the injury we have briefly sketched in general terms. Ordinarily, the amount of hæmorrhage within and about the lacerated tissues will cause swelling, which is in a few days enhanced by exudations produced by the irritation, and known as inflammation. The subsidence of this high grade of irritation and swelling is followed by the exudation of reparative material, which passing through a series of changes, is itself converted into bone, and connected with the fractured extremities, thus effecting the desired union.

This substance is nature's material for reparation of the injury, which is supplied to meet varying exigencies, and must undergo a series of changes that are as beautiful as they are delicate ; hence the necessity of the utmost caution being observed by the surgeon, that it be in no way interfered with.— His interest is joined with that of his patient in the exudation of and transitions in this fluid. Omitting the rare cases of direct union of bone, authors generally agree that the law governing the development of an excess of this exudation,is mobility of the fractured extremities. In animals the "ensheathing" and "interior" callus are developed mainly because of the continued motion of the fragments, which maintains an irritation of the tissues. I have often seen irritation in diseased bones, especially in gunshot injuries of the joints produce immense masses of irregular deposits of osseous matter upon the bone and in adjacent soft structures. In fractured bones in the human subject this does not occur, save when motion or a higher grade of irritation from some other causes occur, and then in relative proportion. The rule is, then, in man, that the reparative material is deposited between the extremities to be united, and that any variation from this is the result of motion and consequent irritation, which nature attempts to compensate by responding to this irritation with an effusion of a superabundance of her reparative material. It then seems plain that quietude is absolutely indispensable—1st. To secure the deposition of only the requisite amount of reparative material for union; 2d. To avoid the disturbance of this material in its series of changes;—a result that must follow irritation from motion of the fragment, not unfrequently resulting in its destruction.

The elaboration and conveyance of this material of growth and repair, in health being effected by blood-vessels whose functions are undisturbed by pressure, it would seem that equal facilities should be afforded when the demands are greater. The temperature of the part in health is such as to best serve this purpose, and should in no wise be interfered with, unless it pass the normal standard. In fact, I know of no more unreasonable and unwarrantable procedure than the application of cold water, or iced water, as is often done, to an injury, with a view to *prevent the occurrence* of inflammation —it is positive malpractice.

Covering of the limb with excessive layers of roller-bandage, and its adjustment with pads, as in the fracture-box and other kindred appliances in which it is buried, is not only inconvenient and uncomfortable when it is necessary to apply fluid applications, but is positively injurious from the heat produced, especially when the dressings become wet, and convert the whole into a poultice. I know that high authorities claim that by bandaging they hold inflammatory action in abeyance, but I cannot refrain from expressing a contrary opinion. It is clear to me, both theoretically and practically, that pressure on the contused tissues, during the acute stage, increases the discomfort of the patient, and adds to, instead of allaying the difficulty. I am, also, firmly convinced that when the fractured extremities are reduced nearly as possible to their proper positions, and retained there, by gentle and *unfailing* extension and counter-extension, that bandages which confine the soft tissues, and press them against any spiculated or serrated edges, will from this cause, (as well as from adding to the heat of the part) tend powerfully to produce the very spasms they are intended to allay.

On the other hand, the surgeon is required to adjust and retain the fractured extremities in position,and produce as nearly as possible, a perfect limb. This is to be effected by extension and counter-extension, manipulation, and dressings that shall retain the position desired. This should be attained by the least possible interference with the comfort of the patient, the least possible interference with the processes of repair, and the greatest possible security to both patient and surgeon in reference to results.

In preparing to dress a fracture of the lower extremities, the first requisite is a proper bed. In no case should a surgeon assume the responsibility unless he has the advantage of a proper place for his patient to lie. All forms should be ignored that do not afford a solid and unyielding basis. The common bedstead is nearly always inadmissible from this cause, as well as being too short. This difficulty may always be readily overcome by making a bunk of scantling and boards, with an unyielding board bottom, and long enough to extend some distance beyond the feet of the patient. This may be rough but it is invaluable; on it should be laid a mattress or mattresses, but so firm that the patient will not sink deeply into them.

The first step is to place the fragments in position, as nearly as is attainable. Their complete adjustment in oblique and comminuted fracture, may be deemed an impossibility; the surgeon is compelled to content himself with approximation. The best evidence of this result is to attain the original length of the limb. The attempt to secure this by powerful extension and counter-extension at once applied, will meet with resistance corresponding to the amount of shock and consequent relaxation, and, having been attained, appliances are to be adapted to retain it in this position. In case of a man of powerful muscles with little relaxation, the amount of resistance from their spasmodic action, resulting from the sudden and powerful pulling at the limb, will almost certainly defeat the purpose of the surgeon, as the contraction of the muscles of the patient will more than equal the muscular power of any number of men who are able to get hold of the limb. The patient, also is the victim of severe suffering, and the appliances for retention are sure to yield, with resulting displacement and shortening; redressing, consisting in some extent of a repetition of this process, being required.

It is plain to me that by far the better method is to apply some form of *continuous* extension and wait for a short time for results. This need be so little in amount as to be entirely void of pain. The spasmodic action of the muscles cannot withstand, for a great time even slight extension, and yields from sheer exhaustion. This extension being continuous,and the muscle never allowed to contract, there does not follow the painful redressing, the torture of tightening up the extension at each daily visit, to find on the following day that the attachments have yielded and that little has been gained.

The amount of this extension and counter-extension, that is proper in any given case, is to be determined by—1st. Securing the desired length of the limb. 2nd. The pain it causes to the patient. 3d. The pressure that can be borne by the parts where the attachments for extension and counter-extension are applied to the body. Much depends on the method adopted and care taken, in making these attachments, but the pressure must be borne for some time,and the tissues have limited capabilities of endurance. To apply an amount of force that produces ulceration and sloughing is manifestly impracticable, no matter what may be the surgical result of the treatment of the fracture.

Having secured a proper bed, and the requisite extension and position of the fractured portions, the next question is the means of extension. Here the practitioner enters a broad sea of doubt; an infinity of measures have been adopted and backed by authority, from practically no dressing to the most complicated fracture beds and fine wrought contrivances.—The enterprise and humanity of the surgical profession might safely rest on the evidence of the multiplicity of mechanical and other devices, for securing comfort to the unfortunate patient during treatment, and a satisfactory limb after recovery. We may point with pride to the garrets of physicians and surgeons, where discarded appliances are covered with dust and cobwebs. Though they may be worthless, they are evidence of effort both humanitarian, scientific and professional. That these efforts have been failures in the main, is shown by the place where their appliances are to be found, and the advice of highly competent authority to discard them all, and to trust to your own ingenuity to devise and apply on the spot such extemporaneous dressings as you may be able to make out of boards, muslin, bran, sand, etc.

Granting the practical failure of former apparatus, it seems to me that all effort should not be cut off by this broad statement of authorities. There are practical difficulties attending the construction of extemporaneous appliances; loss of valuable time, a lack of some necessary articles, clumsiness of results, failure in adaptation, need of packing and stuffing at various points to make it endurable. Usually, at least often, a temporary dressing is applied, and time taken for the construction of a permanent dressing, during which the surgeon becomes a carpenter, or employs a man who makes anything else than the instrument desired. In fact, there is need of a practical appliance ready prepared, that shall meet the required indications, and that may be at once adapted to any and all cases that may occur. The embarrassment and vexation of surgeons in constructing improvised dressings, their inefficiency in some important particular, and the pain suffered by their patients, attest this fact.

In regard to the kind, construction and application of apparatus, there is, of course, much diversity of opinion.

In time a surgeon acquires a preference for the mode he has most frequently employed, and hesitates about adopting one he has not tested. It is also true that treatment which is satisfactory in the wards of a hospital, where trained attendants watch a patient, who is under absolute control, and where the surgeon is held to a less rigid accountability for results, may prove far less so in general practice, where the reverse of all of this is true, with many added disadvantages. I am also, well aware that good results have been produced with all forms of dressings, but the sum of these results also show that there is room for improvement; the experience of patients during treatment attesting this fact.

The limits of this article will not admit of a discussion of the various devices. They are well known to professional men. I shall casually allude to a few.

Some of my objections to the fracture-box have already been stated, I have only to add that, in my opinion, it can safely be discarded, and ought to be.

Gurdon Buck's apparatus has the advantage of continuous extension, but the encasing of the limb in bandages and short splints, the absence of any adequate means of controlling the position of the foot, or of any device for securing counter-extension, together with the fact that the limb lies on, and necessarily buries into the bed, are among the reasons that it can scarcely serve in general practice. In these particulars, as well as in the adaptability for application of remedies to allay inflammation, or to permit the removal of purulent discharges, when they occur, it seems to me that it may be improved.

The double inclined plane is not necessary in fracture of the leg, and in fracture of the thigh the extension is neither sufficient nor satisfactory. The limb is not accessible on its lower aspect, the extension is wrong in principle, and the nates almost uniformly suffer severely from pressure on the upper end of the apparatus, and sloughing of the heel is almost unavoidable. In fractures of the upper third of the thigh it simply serves as a weight on the lower end of the limb, holding it steady, but every motion of the body causes movement of the upper fragment, at the point where it should be kept quiet, which must result from a want of attachment of the splint to the upper fragment and body. Few surgeons now attempt its use, save in rare cases, where they suppose they can secure a better relative position of the bones by adjusting the lower on the upper fragment.

Smith's anterior splint is also chargeable with the same important defect. It has the great merit of suspension and little dressing, but the means of extension and counter-extension are insufficient, uncertain, and insecure, with no adequate provision made for control of the foot. It also renders the injured point, in cases of compound injury, quite accessible.

Plaster-of-Paris requires altogether too much confidence and coolness for the general practitioner,as it shuts out all chances of examining the limb. There are few men who, with little experience, and the care they know their patient will ordinarily receive, will sleep soundly without occasionally noting the condition and progress of the work on which so much depends. It is inconvenient of application, is cumbrous to the patient, and from shrinkage of the limb, may require frequent renewals, in the making of which, the new reparative material must suffer incalculable harm. Besides this, in compound fractures, or fractures accompanied by abscess, etc., it is either quite annoying or totally inapplicable. It also fails to afford the requisite quietude and security in fractures occurring high up the thigh.

The straight splint of Dessault has been very extensively used, and in some form of modification is approved by the great mass of surgical authority. The basis principle on which it is constructed so far meets general approval, that it only needs certain additions to make it all that could be desired. The removal of its inconveniences and defects has been attempted by many with varying success. For sometime past I have been making an effort in this direction,and, if I mistake not, have succeeded. The use of this modification of Dessault's long splint has given great satisfaction to patients, and to many of my medical friends, who have both seen it used on my own, and have used it in treatment of their cases, in this city and elsewhere. The various practical ends sought to be attained will appear in the following description :—

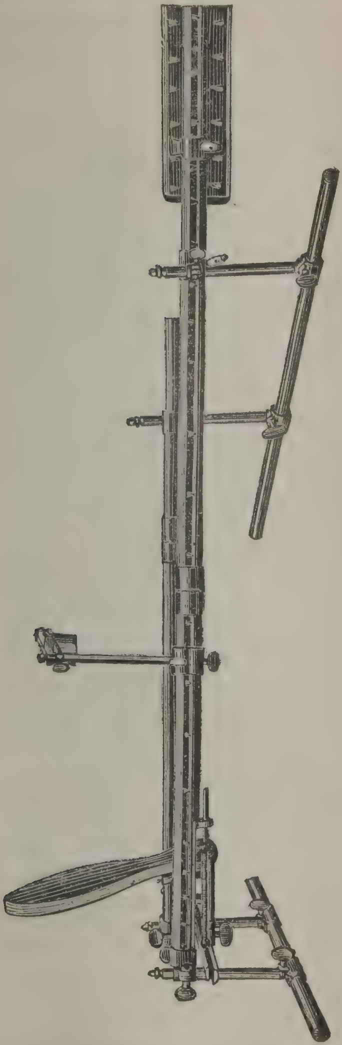
Fig. 1.

The accompanying cut exhibits the frame work, the hammock being omitted. It consists of two rods, the outside one of which corresponds to the long splint of Dessault, with a movable pad attached to its upper extremity. The inside one extends from the perineum to a point below the foot, and both are supported on four upright metallic posts, the clamps being movable both on the rods and posts, and securely fastened at any point at will. The lower ends of these posts slide on small transverse rods, and can be securely clamped fast at any point. Thus the splint may be made high or low, wide or narrow, as desired, to suit any size or length of limb, and adapted to any variation in its size during treatment, *without the removal of any dressings, or in the least disturbing the fracture.* These rods are easily removable from their clamps, and being turned "end for end," make the same splint for the other leg. There will be noticed in the middle of the long rods a ferule, which indicate a point at which they screw together by which means five pieces of rod may be so combined as with the utmost facility to dress *either limb, of any length or size.*

Fig. 2 is an enlarged drawing of the foot extremity of Fig. 1.

It will be seen that the clamps around the long rods A, which also attaches them to the uprights, have bars running back which support the rods E E. On these rods a thread is cut, in which the bur L travels by turning the rod, thus tightening or loosening the tension of the coiled wire springs B B, which surround it, and extending from the bur L to the crossbar D. This crossbar has in either end a slot,so that it freely moves on these rods, and of course, is pushed outward by the springs. This crossbar being pushed backward against the springs, and the extension straps attached to it, will exert any desired power for that purpose, which may be either increased or lessened at will, by the bur L. K C is an angular rod, one end of which passes through the centre of the crossbar, and on the other the foot-piece is attached by a clamp. The foot being made fast to the foot-board by roller bandage, may be placed at any desired angle, and securely fastened there by turning two screws. Thus facility is attained for *the perfect alignment and retention of the limb, together with unfailing extension*, which are controllable at will.

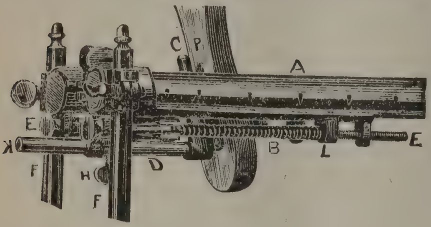

Fig. 2.

The outside of each of the splint rods is furnished with a series of hooks. To the hooks on the longest of these rods is attached one side of a piece of good unbleached muslin or drilling, extending from the heel to the upper end of the body pad, leaving enough cloth to form the hammock for the limb between the rods; it is in the same manner fastened to the short rod. The cloth is now cut along the short rod to the perineal end, where a sweep inward is made so as to clear the anus, and is then cut across, so as to form of the cloth a letter L, the short part of which makes the body bandage.

Fig. 3 shows the dressing applied. H is the body band passing over the abdomen, and hooked fast to the rod from which it started. Thus it will be seen that the leg, thigh, nates and back lie on one continuous piece of muslin, which also curves over the abdomen, and holds the body and leg firmly within the apparatus.

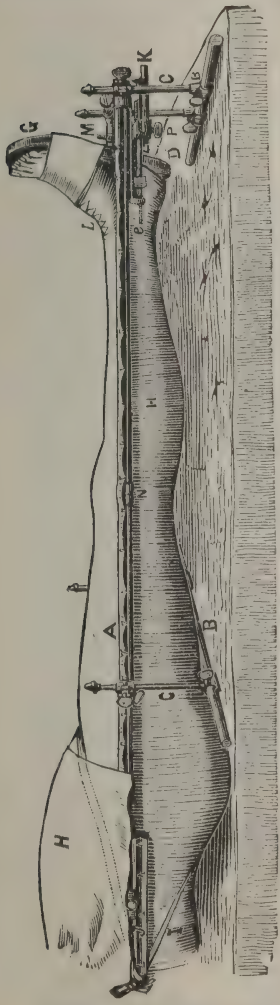

Fig. 3.

It will readily be perceived, also, that the *nates afford*, in this instrument, *the real basis of counter-extension*, and that without producing any discomfort, however long it may be used. The perineal band is applied only as a means of security, and should never be made tight enough to produce excoriation.

The leg is *suspended without any bandaging*, unless it be necessary to so secure the adhesive plaster extension straps. I have found that these straps, when constructed as shown in Fig. 4, answer in a superior manner. B B is a piece of firm roller bandage, and A A two pieces of adhesive plaster, cut and appli'd around the roller-bandage as is shown in the figure. Of these a pair is requir'd, one being placed on each side of the leg, the adhesive plaster wrapping round the leg in a spiral manner, each side clasping the other.

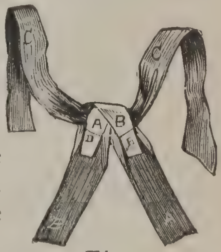

Fig. 4.

The advantages are, that *without strangulation*, they hold very firmly and *no bandage* is required, even for the foot. The tails pass down and are tied around the crossbar, and may be long enough so that in case of fracture of the thigh, the adhesive plaster need not come down near to the malleoli.

When it is desired to produce counter-extension, as in fracture of the leg, the plasters constructed in the same manner, may be reversed, and the tails tied to the upper end of the splint.

The upright seen in the middle of Fig. 1, is movable, and at its top affords support for a cup, from which cold or warm fluid dressings may be caused to drop on the inflamed leg by means of a strip of cotton cloth or wicking; the fluids being received beneath in a basin, or carried off by means of an oil-cloth.

In abscess, or compound fracture, the limb, in *all* parts, is easily accessible, and nothing interferes with the removal of purulent discharges but a single layer of cloth, which may be slit across at the proper point, so that the fluid dressings and purulent matter escape at the same slit openings.

When adjusted for fracture of the leg, the apparatus need not be longer than to reach to the knee, and may readily be suspended from the ceiling, as Smith's anterior, and other splints are, but this will seldom be desired by the patient.

The physician upon being summoned to a case of fracture, with this apparatus at hand, which may be put up in a small box twenty-seven inches long, may feel positively certain that he can, on the instant, *improvise* a dressing for *any case* that may be presented. He can apply the permanent dressing *immediately;* and this need not, and *should not be removed* until the union of bone has occurred. The fractured leg will be in *full view*, from toes to hip; the foot-piece affording such facilities for alignment that *if he can sight a gun, he can make a straight leg*. No *cooler* dressing can be applied, and the facilities for irrigation and dressing compound injuries and abscesses, are all that can be desired. In less than thirty minutes the patient can be made as comfortable as any dressing can make him.

The *extension* is uniform, constant and perfectly controllable, and counter-extension *from the nates* without the least discomfort; not the least pain attends any after dressing, as the *limb is never moved, and the reparative material is entirely undisturbed.*

No sloughing of the heel, or excoriation of any part, can occur, as the muslin throughout its entire length should be without a wrinkle. No difficulty exists, nor motion of the fractured bone occurs, from use of the bed-pan, without cutting a trap through the bedding. But whatever dressing is adopted, coolness, cleanliness, facilities for inspection and ready rectification of defects of position, and all attainable quietude of the fractured limb, with continuous, gentle and controllable extension, are not only desirable, but *absolutely indispensable.*

ESMARCH ON BLOODLESS OPERATIONS.

Dr. Wm MacCormac gives in *London Medical Record*, the following brief abstract of Prof. Esmarch's experience during the past year of his practice in Kiel, of bloodless operations. The communication was made at the third sitting of the German Surgical Association, held at Berlin, April 8th to 11th, 1874. After few preliminary remarks, Professor Esmarch detailed the following statistics:—

"From February 1, 1873 to April 1, 1874, above two hundred bloodless operations were performed in the Clinic at Kiel. Amongst them were the following:

AMPUTATIONS.

Thigh, ten cases; one died, with erisypelas and septicæmia.

Leg, eleven cases; one died with ditto.

Humerus, three cases; none died.

Total: twenty-four cases, with two deaths.

DISARTICULATIONS.

Shoulder-joint, one case; cured.

Hip-joint, one case; died of exhaustion.

Total: two cases, with one death.

RESECTIONS.

Hip-joint, three cases; one died of septicæmia.

Knee-joint three cases; none died (one with subsequent amputation).

Elbow-joint, two cases; none died (one with subsequent amputation).

Total; eight cases, with one death.

Amongst the advantages of the bloodless method of operation, the following may be mentioned:—

1. There is no loss of blood. (Anæmia produces a disposition to surgical accidents, by the tendency to coagulation producing thrombosis, and leading often to pyæmia. Valsalva's method of treating aneurism acts by inducing greater coagulability of blood.)

2. It is a great advantage that sponges may be thus almost wholly avoided; for, with whatever care they are disinfected, one can never be absolutely certain that they are not sometimes the means of infecting wounds.

3. The larger arteries and veins are less injured in the bloodless method, than with the ordinary digital or instrumental compression, the constriction being uniform, circular, by means of the soft parts, and distributed over a large surface.

Esmarch knows of no dangers, nor of any bad results.

Paralysis he has never seen to take place. It may be produced, however, by too forcible constriction of the limb. Esmarch applies the apparatus himself, and does not trust his assistants, who are rather inclined to overdo their business.—It is quite remarkable how comparatively small is the force necessary to arrest all the flow of blood through the arteries. The first turns must not be made too tightly; every superimposed turn increases the compression very considerably.

Gangrene has not been observed in any instance by Esmarch. Some probable advantages of bloodless operations may shortly be hinted at:—

1. Local anæsthesia may take place after a few minutes. Richet has indeed already recommended forcible constriction of the digit for the operation on ingrown nail. Richardson's ether-spray, or ice and salt, produces anæsthesia much more quickly in parts made bloodless, as the warmth of the blood is excluded. The temperature of the bloodless limb sinks immediately.

2. Diseased parts, bones, joints can be very easily examined before performing an operation. Esmarch narrated very

graphically how, on a recent occasion he demonstrated a diseased joint before his class, pointing out the conditions which made an amputation necessary.

3. Foreign bodies, splinters, needles, &c., are easily found.

4. Wounded arteries are easily exposed and secured. Antylus' method is facilitated.

5. Operating without skilled assistants, or indeed without assistance at all, becomes possible in a way never before practicable. Esmarch has received many letters of thanks from surgeons in various parts of the country.

6. It is suggested that death may be often averted, and cases of hæmorrhage and transfusion avoided in anæmic persons, by bandaging the extremities, in order to temporarily drive the blood of one or two extremities into the body.

An elastic tube is the most proper thing for general use, because it can be employed in all places. An elastic roller can be employed in many cases just as well, but its use must be learned. Bloodless operations can be performed at the shoulder or hip-joint. The tube is applied as in the form of a single turn of spica bandage, the two ends crossing each other in the groin in the case of the hip-joint, or over the acromion in the shoulder. They are held on the stretch by an assistant, and this way the axillary and the common femoral may be completely controlled. For compression of the aorta and external iliac, a pad or roller, must be used with the elastic tube."

VALERANI ON OPERATION BY THE BLOODLESS METHOD.

A. Henry, M. D., in *London Med. Rec.*, vol. ii, 60, says :—Dr. Valerani reported to the Royal Academy of Medicine in Turin, on Dec. 22, some cases in which he had operated by the bloodless method (*Gazetta delle Cliniche*, no. 52, 1873.)

The first case was one of amputation of the arm in a young woman, in whom poverty of blood and debility rendered it necessary to avoid the least loss of blood. A vast sloughing ulcer had laid bare a great part of the right humerus ; and, in spite of all treatment, there was reason to fear that the process of destruction would extend to the blood-vessels and produce hæmorrhage. The bone was in a state of necrosis,and was bent on itself. Athough it was not possible to apply a bandage, as if the limb were sound, Dr. Valerani tried elastic compression ; and having driven out the venous blood as well as he could, and tied the elastic tube round the limb at the upper part, he amputated the limb by the circular method, close to the surgical neck of the humerus. In spite of the difficulty of applying the elastic bandage, the result was very satisfactory—a few drops only of blood being lost. Nothing afterwards occurred to interrupt the favorable progress of the case.

Dr. Guaschino had applied the elastic bandage in a case of amputation of the leg for severe disease of the tibio-tarsal joint. He affirmed that he performed the operation just as on a dead subject.

Dr. Valerani reported also another case, showing the value of elastic compression, not only in an amputation, but in other important operations. A woman aged 45, from Casale, was admitted into hospital under his care, on Nov. 19. with an aneurism on the left popliteal space. She first perceived it a little more than a month previously, and it had increased rapidly, producing tingling in the limb, and impeding motion. Her general health was very good; but menstruation had ceased rather early. She had had one child when she was about 23 or 24 years of age, and had had no no illness of importance. The aneurism was of the size of a large fist.—Digital compression for 3 or 4 hours at a time was tried for some days ; but as this was troublesome to her, and there was a deficiency of a sufficiently intelligent staff of assistants, it was determined to tie the femoral artery. The compression had, in the meantime, led to an enlargement of the collateral branches, and has thus placed the limb in a more favorable condition for operation. The ligature was applied on Nov. 25, in the apex of Scarpa's triangle. Before the operation, an elastic bandage was applied to the limb, and compression made by the elastic tubing at the upper part ; by this the tissues were rendered almost exsanguine, and the vessel was easily found.

The priority of the method, generally attributed to Esmarch, is claimed by the Italian surgeons, as well as the elastic ligature, described by Dittel, for Dr. Grandesso Sylvestri.

ELECTRICITY FOR CHILBLAINS.—The *Pacific Medical and Surgical Journal*, says :—An Italian physician claims great success in the treatment of chilblains with the electro-magnetic apparatus. A current of medium intensity is passed through the diseased part for fifteen minutes, with great relief to pain. One or two sittings will cure—so it is said.—The same treatment has been successfully employed in neuralgia of the testis, in which the pain was so excruciating, that the patient begged to have the gland extirpated. A case also is reported of successful treatment by the same means, of an obstinate lumbago which had resisted every other plan.

Materia Medica of New Remedies, &c.

PROF. E. M. HALE, CHICAGO. ILL., EDITOR.

MYOSOTIS.

BY DR. M. FUNK.

[The following paper relating to the curative virtues of a plant belonging to the *genus* Myosotis (Forget-me-not,) was communicated to the Indiana State Society at its Annual Session in 1873. It came into my hands a few months ago, but I was not satisfied as to the botanical name of the plant, and have waited until now for its identification. Dr. Delamater has given in another page, all that we *now* know of its botany. From the cases related below by Dr. Funk, which belong to that class known as catarrhal bronchitis, in which we use Stannum, Pulsatilla, Copaiva, Senega, etc., it is doubtful if it will be found curative in pulmonary abscess, with or without tuberculosis. It is suggested that a species belonging to this family, the *Marteuria*, called "Lungwort" by the people, is valued highly in domestic practice in similar cases of disease. I hope the profession will test it and and report.

E. M. HALE, M. D.]

Medical science owes a large part of its most valuable means for the saving of human life to laymen, shepherds, old women, and even quack doctors; and it is our professional duty to investigate and prove everything that is offered to us in the shape of *matter of facts*, however new and strange it may seem to us in the commencement; we must try and harmonize such new experiences with our established law of cure, "*Similia similibus*," and will almost without exception be able to succeed in this attempt.

So I have done with a new remedy, of which I am about to communicate the history and my own experiences. Its discovery—strange to say—is owing to a *mistake*, and the one it mistaken plant has proved to be a perfect substitute for the one it has been mistaken for! and still another paradoxon: this *original* plant is acknowledged as a valuable addition to our homœopathic Materia Medica, but *still unproven!* and *empirically* used for but *one* purpose; the *use of it* which I am to communicate, has been heretofore *utterly unknown* to the homœopathic profession, and doubtless *some more* valuable powers lie hidden as well in *this*, as in the other "mistaken" plant, worthy a proving.

But enough of these introductory remarks, the following narration will explain everything:—

During the winter 1871–2 I was (in Evansville) called to a sick boy. On this occasion I saw a few dried roots lying upon the table, and upon my inquiring thereabout, the father of the patient, Mr.Graupner, informed me that he had gathered these roots two years ago in the woods near Evansville. He had learned the use of this really precious remedy many years ago in Germany from an old woman, who had saved many human lives thereby, and also *his own*, after several skillful physicians had given him up and predicted his certain death within twenty-four hours.

He had been suffering over two months with a severe attack of pneumonia; had been bled, blistered, nauseated, narcotized, purged and tormented in every possible way; he had coughed and expectorated such immense quantities of mucus and corruption, that he was reduced to a skeleton, and was unable to find a minute's rest either day or night. His parents had then called an old woman, who had the reputation of having cured many such desperate pneumonias and pleurisies by a certain root. She had brought a certain quantity of this root, which was to be powdered, mixed with honey, and with unsalted butter to be fried in a pan over the fire—this paste had to be eaten with a teaspoon. By following these directions, the patient's cough had within twenty-four hours nearly disappeared, and in a remarkably short time he had fully recovered; he is now a healthy and robust man.

Of course I was anxious to learn the name of this precious root—he called it "Schwarzwurz," (black root,) and his description of the plant convinced me beyond doubt, that it was nothing else but our "Symphytum officinale," of which, however, we knew heretofore nothing more than its value for bone fractures.

After Mr. Graupner's emigration to Evansville, Ind., he soon searched the surrounding forests for the "black root,' and imagined he had found it. He said, he would never be without it, and he had with this *American* root already cured several just as desperate cases as his own, and many others in the *old* country. Only about 2 weeks before he had given to an old lady, suffering with consequences of badly treated pleurisy, nearly the whole balance of his supply of "Schwarzwurz," and only the few I saw upon the table were left to him. He willingly divided this little balance with me,which, as he suggested, would be by far insufficient for another case ; but I was convinced in my mind that only a *truly homœopathic* remedy could have such wonderful effects, and that *such one* would do the same service in *small homœopathic doses*, and without the admixture of honey and butter. Therefore I prepared this root partly in a decimal and centesimal trituration, and partly with alcohol and water in a tincture. I used this preparation in given cases, in doses of one drop or one grain, and checked thereby several times the most copious mucus expectoration of phthisical patients within 24 hours, after Stannum, Ipecac, and many other of the indicated remedies had utterly failed.

Dr. E. J. Ehrmann, to whom I communicated my experiences and gave some of the trituration, found the remedy equally effectual in many such cases. I will, however, by no means insist, that I have thereby *permanently cured* cases of phthisis pituitosa of many years standing, but I have *very materially relieved them*, and further experiments must teach us what we can expect from the remedy in *such* cases.

The following spring I requested Mr. Graupner to show me the place where he gathered the "black root ;" but I saw at once, that only the large, lanceolate *leaves* of the plant resembled those of the Symphytum officinale; but the *flowers* are entirely different, and resembles those of the "Vergissmannicht," (forget-me-not, Myosotis palustris); they are, however, far smaller and less beautiful in shape and color, than that.—But the characteristic of the *genus Myosotis* is unquestionable; the name of this particular *species* I have heretofore not ascertained.

I have prepared a tincture of the fresh root, and have hesitated heretofore to introduce the new remedy into the profession, because I wished to try it first in some *desperate* case, *so that I could refer to my own practical experience.* This I am now enabled to do:—

One case of neglected pneumonia (a young man of about twenty years of age, Wm. King) in Mt. Vernon, Ind., I cured last winter, The patient was without medical attendance, until he was nearly dying from the copious expectoration, which was relieved perfectly within two days, by grain doses of the 1st centesimal trituration of Myosotis.

The other case occurred with me in the beginning of the past month (October.) A boy, Wm. Downey, about 15 years old, whom I had cured of typhus abdominalis by the usual remedies (chiefly Rhus and Bry.) *relapsed* after going several days to school,(probably in consequence of intemperate eating,) and lingered nearly three weeks,getting weaker and poorer from day to day; a very troublesome cough, sometimes dry, sometimes with scanty expectoration, wasted rapidly his life-powers away; profuse day and night sweats hastened his dissolution; the eyes and cheeks were sunken; nose pointed and whitish—a fair specimen of *facies hippocratica,* and for the indication of the last resort—Carbo veg., which however proved utterly ineffectual, like all other previously applied remedies. The patient's mother and sisters were fully prepared for his death, and more for a hopeless experiment (since the expectoration was *not copious*) than with the real hope of success, I administered the tincture of Myosotis, five drops every two hours.

The following morning I was prepared to find him dead.—But lo! what a wonderful change had taken place! With bright eyes and smiling face he welcomed me; the cough had nearly abandoned him—appetite had returned, so that I had no need to give a good prognosis—this had given itself!—Within four or five days the profuse sweats gradually abandoned him, and within one week recovery was perfect! and I hesitate no longer to recommend this valuable new acquisition to our professional brethren, for which purpose the present meeting of the Indiana Institute of Homœopathy offers the most appropriate opportunity. My supply of Tincture of Myosotis is limited, (2 to 3 oz.) after keeping a vial for myself.

Hoping that the new remedy may prove in the hands of my professional brethren as equally effectual, and that some of our skillful physicians (Drs. Hering, Burt, Hale, and others) may be induced to prove the Myosotis, as well as the Symphytum thoroughly upon all their provers.

CACTUS IN HÆMOPTYSIS.

Several weeks ago I was urged to see a young lady aged 17, subject either to hysterical or epileptic attacks, presenting the following symptoms:—

Considerable cough with expectoration of pure blood, rapid pulse, skin rather warm, tumultuous action of heart and arteries, accompanied by *violent burning pain* in the epigastrium. Had suffered thus several days. Allopathic treatment tried in vain—*Cactus g.3* was given, with relief within two hours. Next day seemed as well as usual. No return since.

Upon the whole, I have had more success with Cactus g. in hæmoptysis, even when accompanying phthisis pulmonalis, than with any other remedy. It seems especially indicated in those cases accompanied by tumultuous action of the heart.

IODINE IN TABES MESENTERICA.

I have seen several cases of this affection in children, characterized especially by a marked irritability of the mind. The patients became exceedingly cross, screamed in anger when simply looked at, talked to, or touched.

The other prominent symptoms were large, tumid, doughy abdomen, loss of appetite, emaciation, and diarrhœa, with copious, slimy *fœtid* stools. Other remedies, such as Calc., Calc. phos., and Hep. c. s., failing to give any relief, prescribed Iodine 3 every four hours. Rapid improvement followed, and in a few months the patients were well. That marked irritability of mind in scrofulous patients, seems to call loudly for Iodine.

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Chemistry and Pharmacology.

N. B. DELAMATER, M. D., CHICAGO, EDITOR.

MYOSOTIS SYMPHITIFOLIA.

For the present I shall speak of this plant under the above name given it by Dr. M. Funk, although its positive identification is somewhat in doubt.

The plant grows near Evansville, Ind., in the low, marshy grounds, and also on high ground among the trees, and on the hillsides in rich ground.

The stalks grow from 1 to 2½ feet high, either single or in bushes of from five to six.

The leaves are lanceolate, not slim ; distinct median vein ; smaller veins running out to near the edge of the leaf and branching from the median alternately, not anastomosing ;—both sides of leaf hairy.

Flowers grow on branching stems at top of stalk in small clusters, are very small, are whitish, or tinged with a faint red or blue shade, (a closer description I cannot give from the dried specimen in my possession.)

The seeds are perfect globules, and covered with stiff hair, or almost prickles.

The root is at largest parts hollow, the pith seemingly having rotted, smaller ones woody and tortuous.

I have submitted my specimen to several distinguished botanists, among them Prof. Babcock of this city, who says it evidently belongs the Myosotis family, and resembles the Arvensis more closely than any other, but the leaves are altogether too large for it, and he does not want to give an opinion without further investigation.

Professor Hale thinks it belongs to the Myosotis family, and that it is the Arvensis, the large leaf owing to the rich ground from which it was taken. It may be a hybrid or cross, being changed, as we know many plants are, by locality, and by uniting or marrying (as it were) with some other plants of the same family growing in their near vicinity, or what I think more likely, is an example of the well-known fact, that some plants on changing localities, tend to form new varieties from causes not accounted for as yet.

I hope before the summer is over to be able to positively identify it, and if it is a new variety, shall be happy to accord to Dr. Funk the honor of retaining for it the name given by him.

At present, having made no experiments as to its preparation for medicinal use, further than allowing some of the root to macerate in alcohol, and using this as a mother tincture—I can only recommend this method—I think the alcohol should stand on the roots for at least five days.

I shall endeavor at some time in the future, to recommend some special part of the plant, and also to give the readers of the *Observer* a method of preparing a tincture which shall contain *all* its medicinal qualities.

COLLECTING URINE FOR EXAMINATION.

[Extract from paper read before the State Homœopathic Medical Society of Wisconsin, by Dr. Delamater.]

* * * First, be very careful to get a clean bottle, (a new one always preferable,) four or six ounce, wide mouth, clear glass. A new, perfectly fitting cork.

If possible, have patient urinate directly into the bottle ; if not, have the chamber washed thoroughly, scalded and dried, then wiped carefully with soft white tissue-paper, immediately previous to using, then quickly pour into your bottles ; never allow to stand uncovered for an instant, as there is always dust, little bits of woollen from carpet and bed clothes, patient's clothing, linen or cotton fibres, and numerous other extraneous substances floating in the atmosphere, all of which show very plainly under the microscope and confound the examiner, sometimes rendering the specimen entirely useless. (I think fully one-half the specimens received by me are of no use for diagnostic purposes, on this account.)

As soon as possible after being bottled it should be taken to your office or laboratory, set in a place protected from the light, and allowed to stand four or five hours to settle, when you are ready to make your microscopic examinations ; after they are completed, the urine can be submitted to chemical analysis.

If it is desired to ship the specimen to an expert for examination, put the bottle in a small paste-board box, protected by sawdust, flax seed meal, or something of the kind—being sure the cover fits tightly, and that your box is securely tied, and always express the same day passed.

(I have received, within the past week, three specimens which the doctor had had in his office for from three days to a week.)

Where only one specimen can be obtained, it should be that passed the first thing in the morning, before anything has been eaten ; where two specimens can be obtained or is desired—the first passed in the morning, and that from one to two hours after tea. * * *

THE VALUE OF OATMEAL AS INFANTS' FOOD.—The *Scientific American*, says : "In a communication to the 'Societie Medicale des Hopitaux, MM Dujardin-Beaumetz and Hardy make known the results of the employment of oatmeal on the alimentation and hygiene of infants. According to them, oatmeal is the aliment which, by reason of its plastic and respiratory elements, makes the nearest approach to human milk. It also, is one of those which contain more milk and salts, and the phosphate of lime so necessary for infants. It also has the property of preventing and arresting the diarrhœas which are so frequent and dangerous at this age. According to the trials made by M. Marie, infants from four to eleven months of age, fed exclusively upon Scotch oatmeal and cow's milk thrive very nearly as well as do children of the same age suckled by a good nurse."

SINAPISMS.—The *Dental Cosmos* says : In making a mustard-plaster, use no water whatever, but mix the plaster with the white of an egg, and the result will be a plaster that will "draw" perfectly, but will not produce a blister, no matter how long it is allowed to remain upon the part.

EXTRACTS OF MEAT.—In a discussion on the value of meat extracts as food, Max Von Pettenkofer holds that the extracts prepared, according to the present plan of Baron Liebeg, are quite equal to, if not superior to meat itself. He thinks it bears the same relation to meat as cheese and butter bear to milk.

MYOSOTIS—(see pp. 433, 438) can be obtained at office of this journal.

Materia Medica.

S. A. JONES, M. D., NEW YORK CITY. EDITOR.

SIMARUBA CEDRON.*

The data from which this poorly-arranged *resume'* is derived may be found as follows :—

TESTE'S *Materia Medica*, p 577.

North American Jour. of Homœopathy, vol. viii, p 120.

Monthly Homœopathic Review, (London,) vol. v., pp 164, 208, 251 ;—vol. vi, pp 71, 136. 203.

The provers number twenty-two in all. The day-books such as they are, of the French and American provers, may be consulted in the works cited, which record the scanty results obtained from three men and five women.

The daily records of Dr. Casanova's fourteen provers, of whom at least half were females, are not preserved, an omission which we have regretted, as will any one who shall make a study of *Cedron* in its original sources.

Dr. Casanova employed the lower potencies in his researches ; and he pronounces the triturations far more efficacious than the tinctures, both pathogenetically and therepeutically.

Teste's provers took only the sixth dilution, and so little of this that posological skeptics will incline to reject the results.

The American provers used the mother tincture, in doses of from one to three drops.

Accepting Dr. Casanova's Symptomatology as the standard of comparison, no one who will consult the sources we have indicated, can doubt as to the genuineness of the symptoms contributed by the French and the American experimenters. There are differences as in all provings, but the parallelisms, which occur in spite of idiosyncracies, are sufficiently pronounced to carry conviction.

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* Even so late as 1870 Hughes wrote: "CEDRON.—It is the fruit of a South American tree, (Simaruba Cedron—supposed to be a kind of cedar,) whose exact description is not yet ascertained."—*Pharmacodynamics*, 2nd edit., p, 203.

He was probably misled by Dr. Casanova's papers in the *Monthly Homœopathic Review*.

Cedron is the *seed* of the fruit ; and by consulting HOOKER'S *London Journal of Botany*, vol.vi, p. 556, it will be seen that M. Planchon had given a name and botanical station to the so called. 'non-descript Cedron,' long before Dr. Casanova had penned his paper.

The earliest mention of the Cedron is found in *The History of the Buccaneers*, *Anno* 1699.

The native Indians first offered the seeds for sale in Carthagena in 1828.

When this *resume'* was begun, a more painstaking pieceof work was designed. It has long been laid aside; and now that other and more pressing duties are upon us, it is published simply because from no other single source can the practitioner get all that is pathogenetically known of *Simaruba Cedron.*

The remedy certainly appears capable to fill a larger sphere than our meagre clinicalreports show it to have occupied.

CEDRON.

Mind. Gloomy, depressed spirits; disposition to weep; inquietude and excessive anguish; dullness of the senses;—torpor of the mental faculties, and uneasiness; dread of friends, (in females particularly.) The greater part of these symptoms are repeated in the morning and aggravated at night.

Head. Head dull and heavy in the morning; distensive headache, increased during the night; temporal arteries enlarged; bending the head backward, with pressure on the occiput and parietal regions, as if these parts were going to burst; forehead cold, and as if it were empty, in the morning. All these symptoms were more marked in the women than in the men.

Pressure at the right temple, causing a dull pain in the whole right side of the head,disappears wholly toward noon; heaviness in the head; headache increases in the open air, (toward 9 A. M.); pressive pain over the eyes, as if a band were tied round the parts; pressure at the top of the head, slight in the day-time, somewhat violent just at the moment when the shivering begins, it never wholly ceased during the whole proving; towards 6 P. M. shuddering soon followed by a dull and heavy frontal headache, spreading to both parietal regions; pulsating sensation in the temple, and a twisting pain behind the right ear, changing to a dull pain and extending to the temples; head felt as if swollen;—whole head feels swollen and heavy, most on the right side; pressure on the occiput in the morning; in the forenoon,occasional sharp, jerking pains in the occiput; successive sharp pains in the occiput, abdomen and lower limbs. These pains in the head are dull, except those in the occiput which are acute. At 10 P. M. dull pain in the top of the head, with sharp flying pains in all the joints of the extremities, worse in the feet, particularly the first joint ofthe great toe; awoke late A. M., after a sound sleep, with dull pain in the vertex, awoke with dull pain in the whole upper head; throbbing in the temples; throbbing in the temples increasing to pain; pain across the forehead over the eyes from temple to temple; beating in the temples, increasing to pain and extending over the ears; throbbing in the temples, increasing to pain, and extending over the eyes; throbbing pain in the head, commencing in the temples and extending around the forehead; sharp pain in the occiput; dull pain in the vertex; pain over the ears; headache, especially in the bottom of the orbits (compelling him to close the eyes) and extending to the occiput. o Tearing,shooting pain on the left orbit extending to the inner canthi and to the superciliary ridge of the os frontis. This pain came only *post coitu*, and when the circumstance had occurred which gave rise to it, his sufferings were so intense on waking in the morning that he was compelled to keep his room for several days, and was unable to eat or drink during the greater part of that time. o A similar pain over the left eye followed involuntary nocturnal spermaperthy in the case of a woman—pain came on waking in the morning and was very severe until about noon. o Chronic intermittent headaches, with shooting and pressing pains in different parts of the head, recurring at certain periods of the day or night.

Eyes. Eyes protruding and red, with pressive pain extending to the forehead; pupils fixed and dilated; objects appear red at night and yellow in the day time; eyelids injected bright red, and painful when pressed; enlargement of the meibomian glands and conjunctiva; smarting in the eyes, especially when closing them; sensation in the eyes as if one had wept a good deal; itching of the eyes; redness of the eyes, and itching of the inner and outer surfaces of the eyelids; dimness of the sight; the left eyelid seemed dried to the ball; conjunctiva inflamed and dry; when exposed to the air the eyes feel dry; eyes felt swollen; misty vision as from thick smoke; rose early, dizzy, could not see to light a candle, and could not tell when it was lighted; dryness and smarting of the eyes, alternating with lachrymation; o flashes of light before the eyes; o dull appearance of the eyes; o tumid face, with pupils much dilated; o a peculiar unsteady, glistening appearance of the eyes, and intolerance of light.

Ears. Singing in the ears as of crickets; buzzing of the ears toward noon; hardness of hearing at night; o antidotes the effects of Sulphate of Quinine on the auditory nerves.

Face. Flying heat of the face alternated with chills, toward evening, with bloated appearance; cheeks red and burning at night, pale and cold in the morning; pressing or tearing pain in one or both cheeks, with occasional shoots under the orbits; spasmodic twitchings of the *levator palpebræ superioris* during 3 successive nights; flying heat in the face; towards 6 P. M. constant heat in the face, which looks animated; nose cold; icy coldness of the tip of the nose, even in the midst of febrile reaction, the face being red and burning. o Prosopalgia, more frequently in women than in men, generally on the right side, recurring in regular paroxysms of indefinite duration, with spasmodic distortion of the muscles corresponding to the affected region (the *zygomatic* process almost always.) o Chronic intermittent prosopalgia always coming on at 7 or 8 P. M., and lasting from two to four hours.

Mouth, Tongue, Throat. Mouth dry, with viscous saliva when talking; lips dry, with desire to moisten them often; pricking of the tongue early in the morning, which goes off after eating; toward 5 P. M. intolerable prickling itching of the tongue, obliging her to rub it incessantly against the palate; slightly yellowish coat on the root of the tongue, with a nasty, sickish, bitter taste of the mouth; on rising in the morning gulping up of a bitter wind, tongue coated yellow bitter taste in the mouth; awoke with dull pain in the whole head, tongue coated yellow, sickish taste; sour taste; the saliva becomes sour at night; after talking the saliva becomes white and thick like cream; taste as of iron in the mouth, causing a profuse flow of saliva; (constriction of the throat which scarcely allows her to swallow the saliva.—o Mouth and tongue very dry; difficulty of speech; great thirst all the time; painful pricking of the tongue, with a sensation of heat; she felt at times as if the tongue was paralyzed; face pale; deep, sunken eyes; odontalgia every night; fœtid breath; lips cold, bluish, dry; now and then slight bleeding of the gums. These symptoms *appeared only with* the catamenia,and lasted as long as that discharge, at the termination of which she had a profuse ptyalism and leucorrhœal flow.

Appetite, Thirst. Loss of appetite; appetite is impaired as the proving progresses; thirst, desire for cold water at noon and warm during night; aversion to cold water during the evening; great thirst and desire for cold water, thirst, and craves only warm drinks.

Stomach. Eructations of bitter wind from the stomach before rising in A. M., with dull pain in the temples; sensation as of a stone on the stomach; rolling pain in the stomach;—sensation of heat and fullness in the stomach; distension of the stomach; and disposition to nausea, generally aggravated by rest, but relieved by walking, and by eating;—o Uncomfortable feeling of the stomach which obliged him to lie down; great sensitiveness of the præcordial region; pulse small and hard; dryness of the mouth and fauces; depressed spirits and inquietude,relieved by food and drink. These symptoms appeared every day from 10 to 11 A. M., lasted from one to two hours, after which there was prostration of body and mind for an hour or two.

Abdomen. Abdomen hard and distended toward evening;—flatulence in the morning, with slight colic and discharge of fœtid wind; stitches in the spleen and in the liver; sour taste in the mouth, and colic at dinner; borborygmi in the left side of the abdomen; at 12 noon, sharp pain alternately in the cœcum, liver, and spleen; successive sharp pains in the occiput, abdomen and limbs, pains only in one place at a time; on getting warm in bed, flying pains in the region of the ascending colon, liver and spleen—kept him awake most of the night.

Stool. Constipation; unsuccessful urging to relieve the bowels; copious stool; copious stool with excessive tenesmus; yellowish loose evacuations (3 days after taking large doses of Cedron); whitish stools, mixed with fragments similar to clotted milk (in other provers, 3 days after large doses); slight colic followed almost immediately by a copious evacuation of a substance that looked like curdled milk, white with a slightly yellowish tint, from chewing the nut as an antidote to the bite of a *coral snake;* o semi-liquid, whitish fæces, somewhat like starch; white, frothy, and papescent evacuations immediately after meals, accompanied with slight colic and discharge of inodorous wind; o involuntary discharge of urine and fæces.

Urine. Scanty urine; profuse emissions of watery urine; frequent emission of large quantities of pale urine; frequent ineffectual urging to urinate; dark urine with sediment;—urine of a dark-red color; scanty urine and deep yellow color; o frequent desire to urinate; o urine very high-colored; o urine precipitates a bran-like sediment; o involuntary emission of urine; o great deal of pain in the kidneys.

Genitals. Nocturnal erections and intense venereal excitement (many provers); genital excitement at daybreak with a discharge similar to leucorrhœa, and swollen mammæ with some pain (in two married women); a discharge like gonorrhœa, continuing three days and ceasing spontaneously on omitting the drug (in a young man); dreamed all night (I seldom dream) of pleasant social interviews with female acquaintances, and woke with firm erections in the morning; firm erections all night, frequently waking from dreams of pleasant social interviews with female acquaintances; during the night restless dreams; firm erections in the morning.

o A *tic-like* pain over the left eye, for more than thirteen years, with the singular circumstance that such a pain *never* came on except *post coitu* (radically cured in 3 days; o involuntary nocturnal spermaperthy (in a woman.) o *Post coitum*,irregular and uncontrollable movements of the left upper and lower extremities, and of some portions of the face, manifested by grimaces and contortions of different kinds, these symptoms lasted from fifteen to twenty minutes—she could not speak without stammering, and her respiration was very much affected; she also had involuntary discharge of urine and fæces at times during the attack—[Choreic.]—o Leucorrhœa regularly every month, 5 or 6 days previous to the appearance of the catamenia, with pain in the uterus and enlargement of the vulva; o leucorrhœal discharge appearing in the place of the catamenia. Menstrual epilepsy (epileptoid convulsions,) precursory symptoms of which were manifested precisely the same day that the catamenia commenced; vertigo, *tinnitus aurium*, and irregularity in the action of the heart; then the *aura epileptica* followed, with loss of consciousness and falling; a distressing cry, now and then, alternated with *risus sardonicus*, and slight foaming at the mouth during the attack. o Epileptiform eclampsia (hysteria); attacks came on regularly twice a day, morning and evening, at the same hours, with these symptoms: intense pain in the forehead; tumid face, with pupils much dilated; then a feeling of giddiness, resulting in her falling down in the most distressing convulsions; insensibility, closed teeth, and frothy secretions from the mouth; difficult respiration, irregular pulse, and palpitation of the heart—the whole lasting for six or eight minutes. On recovering consciousness she felt very weak, and discharged a large quantity of inodorous urine as clear as pure water—(primipara 7th month of utero-gestation.)

Larynx. Larynx constricted and tender; difficulty of swallowing; difficult respiration with partial loss of voice recurring at intervals; o breath cold; o hurried respiration and feeling of suffocation in the throat; o chronic intermittent laryngitis, the attack comes on every evening with shivering chills, lasts about two hours, terminates with a profuse perspiration ; o suffocating fits regularly every day from 10 to 12 o'clock ; there are sensations of choking or stifling ; difficulty of breathing,obliging her to stand in an erect position ; enlargement of the tonsils during the attack, with redness of the velum palate, and constant need of swallowing—all these symptoms were aggravated after sleeping, and mitigated by eating ; o troublesome cough coming on regularly every morning at about six o'clock, and lasting from two to three hours—perfectly free from it during the rest of the day.

Chest. Oppression of the chest and throbbing of the heart ; oppressive pain in the chest every now and then, extending to the back, with frequent desire to moan and take a long breath ; palpitation of the heart and hurried breathing,with headache ; pulse increased from 12 to 15 impulses per minute, in from 20 to 30 minutes after the dose. (This was a constant phenomenon in all the American provers—three women and two men. The doses were from one to three drops of the matrix.) o Irregularity in the action of the heart; o irregular pulse and palpitation of the heart ; o rapid intermittent pulse, impossible to reckon the strokes ; also palpitation of the heart, rapid and intermittent. The oppression of the chest and throbbing of the heart occurred in nearly all the provers in whom febrile paroxysms were developed.

Back. Pains in the loins and back on rising in the morning ; o rigidity of the nape of the neck ; o pain all along the spine.

Superior Extremities. Laming and weary pains in the shoulders ; passing pains in the elbows and forearms, with a cold sensation extending to the hands toward noon ; sharp flying pains in all the joints of the extremities ; arthritic flying pains continue, more or less for more than four weeks, most in the feet and hands, some in the elbows ; laming, passing pains in the joints, especially the right elbow ; pain at the elbow and right forearm, as from a shock or blow, lasting one quarter-of-an-hour; various unpleasant sensations, such as contusive pains at the elbow, &c., recurring periodically every morning at 9 o'clock; hands unusually pale; hands cold; pains (when not febrile concomitants) relieved by friction; o numbness of the arms and legs; o irregular and uncontrollable movements of the left arm and leg.

Inferior Extremities. Contracting pains in the legs, as if produced from contusion; on getting warm in bed, severe,sharp flying pains in all parts of the system; the pains in the limbs seem to be in the cartilages of the joints, particularly in the first joint of the great toe,and streaking *up* the bones; lancing pains in the joints of the knees; sharp flying pains in all joints of extremities, worse in the feet, particularly the great toe joint; smart rheumatic pains in all the joints of the limbs; sharp, lame pain in the right ankle; swelling of the feet, with extreme pain in all the joints; in the morning, pain at the heel as from an abscess, only when walking, for an honr, after which period it ceases entirely; various unpleasant sensations, such as contusive pains in the elbow, or pains as from an abscess of the heel, recurred periodically every morning at 9 o'clock; arthritic flying pains continued, more or less, for more than four weeks, most in the feet and hands, some in the elbows, more in the hips and knees, but most troublesome in the first joint of the great toes; pain relieved by motion and cold before *soreness* of the joints came on, when they are aggravated by motion and cold, worse at night; pains specified in second *symptom* of this rubric kept him awake at night, those in the lower limbs were very severe; the contracting and lancing pains were relieved by friction when they were not followed by chills or shivering of the whole body as precursors of fever; feet cold; o numbness of the arms and legs; o irregular and involuntary movements of left leg; o numb, dead feeling in the legs, they feel enlarged.

Sleep. Restless sleep and confused dreams—in both sexes;—a general feeling of fatigue after awaking, if the sleep has exceeded more than six hours, and a general weakness of body and mind; no sleep, with a flow of confused ideas until five in the morning; all night very restless, frequently waking fatigued from lying in one position; waking dreams; dreamed of quarreling with a dead sister and other dead friends, cried about it and awoke with a nightmare, and sensation of a stone on the stomach; dreamed all night, (frequently waking) of pleasant social interviews with female acquaintances; rose early, dizzy, and could neither see to light a candle or see when it was lighted; did not know her acquaintances, was obliged to go to bed, but could not undress herself; aggravation of symptoms after sleeping;—O somnambulism.

Fever. Feverish paroxysms every day in some provers, every other day in others, toward 8 P. M., preceded by depressed spirits, dullness of the senses and pressive headache at noon; cramps, then contracting and tearing pains in the upper and lower extremities, with a cold sensation in the hands and feet; mouth dry, great thirst and desire for cold water;—chills and shivering; sometimes very strong shuddering of the whole body; palpitation of the heart and hurried respiration; pulse weak and oppressed. These symptoms lasted from one to two hours, varied much in intensity, and were followed by a sensation of dry heat, and then of profuse perspiration, full and quick pulse with animated red face; cold and pale in the apyrexia; thirst and desire for warm drinks.

At 3 o'clock P. M., shuddering all over the body, with malaise and desire to lie down; the shuddering is renewed by motion; hands, feet, and nose are cold; flying heat in the face several times; lastly, toward 6 o'clock in the morning, constant heat in the face, which looks animated, with smarting in the eyes, especially when closing them; lips dry, with desire to moisten them often; headache, especially in the bottom of the orbits, compelling him to close the eyes and extending to the occiput. While this congestion of the head lasts, the shuddering continues all the time; the hands feet and nose remain cold; urine of a dark red color.

Toward six o'clock in the evening (immediately after dinner) cold all over; shuddering in the back, icy coldness in the feet; the hands are burning; sensation in the eyes as if one had wept a good deal. In the evening toward 6½, half an-hour after dinner, shuddering in the back and legs; unusual paleness of the hands; red face; heaviness of the head; stretching toward seven in the evening; general coldness all evening; increase of the headache in the open air, (toward nine o'clock); pressive pain over the eyes as of a band of iron tied round the parts; no thirst during the shuddering; dry heat at night. At 6½ P. M., feverish paroxysms with itching in the eyes, which is only stopped for a moment by rubbing; laming and weary pains in the shoulders; profuse emission of watery urine. Toward 5:30 P. M., prickings in the tongue; itching of the eyes; half-an-hour later shiverings, with heat of the face, hands pale, feet and tip of the nose cold. Toward six P. M., shuddering, soon followed by a dull and heavy frontal headache spreading to both parietal regions, with redness of the eyes, itching of the internal and external surfaces of the eyelids;—icy coldness of the hands *and tip of the nose*, even in the midst of the febrile reaction (the pulse is 80,) the rest of the face is red and burning; lastly, dimness of sight, dilatation of the pupils; objects look red; mouth dry, with thick, viscous saliva; constriction of the throat, which scarcely allows her to swallow the saliva; anxiety, restlessness, general malaise.

The medicine being taken by the healthy prover, was followed by—

1st. A certain state of mental excitement, and augmentation of vital energy; florid face, and a sensation of heat thro'-out the body; full and strong pulse; more or less perspiration and no thirst.

This group lasted from twenty to forty minutes in some, and disappeared after that time to return no more, without any other abnormal manifestation in their health; whilst in others, the symptoms were prolonged from one to two hours, and were followed by—

2nd. Depressed spirits; dullness of the senses, and torpor of the mental faculties; general debility, languor, and faintings in some. When these symptoms are followed by those of the first group, the phenomena of both sets are often repeated, and at certain intervals of time; but neither of the two occur periodically, unless when they are together. Nor are they absolutely concomitant to pyrexia; for the paroxysms generally take place without them, as in the natural disease. It is for this reason that such phenomena were disconnected from category of the physical group; but whenever pyrexia occurs, or follows that condition, the symptoms, after weakness of the body and mind, are as follow:—

3rd. Great thirst; yawning; cramps and painful feelings of contraction in the lower extremities; cold sensation in hands and feet; chills and shivering of the whole body; palpitation of the heart; pulse weak and oppressed; hurried respiration; chattering of the teeth and shaking of the whole body; scanty and highly-colored urine; slight nausea in some with yellow color of the skin and face in others; great debility; dilated pupils and confused sight. These symptoms lasted from one to two hours, and varied much in their intensity; after which—

4th. Dry heat follows, with full and quick pulse; animated face; profuse perspiration; longing for cold in some, and for warm drinks in others; and discharge of pale urine in large quantities. These symptoms lasted from two to three hours, and were generally followed by a desire to sleep. The provers felt as if they were contused; sound sleep in some, and somewhat agitated in others during the night.

The apyrexia generally lasted from fifteen to seventeen hours, after which and *in about the same time as the previous day*, the paroxysms were repeated as per group 3rd, and continued almost quotidian.

The chief characteristic of this remedy is a PERIODICITY *which is often clock-like in its regularity.*

The very latest writer who has mentioned this drug in print says :

" In facial, especially supra-orbital neuralgia, in more than one instance a single dose was sufficient *where the periodicity was well marked.*" *

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* Dr. Liebold : *New York Jour. of Homœop.*, vol I, p. 362.

EXPLANATORY—HARDLY APOLOGETIC.

> " ———for him have I offended ? I pause for a reply."
> *Julius Cæsar*, Act III, Sc. 2.

Must one "rise to explain," or even apologise, when a party who never entered one's thought takes umbrage at something which was written *at* an entirely different party ? In the profundity of this perplexing question we have forgotten the heat of July, Coggia's comet, and even the mad dogs which now enliven the streets of New York.

You see, our remarks on *The Encyclopædia of Materia Medica* have aroused the ire even of the meek A. Lippe, M. D.; he, the placid philosopher of the potencies, is angered at us, and who may survive his wrath!

But how could he have imagined that we ever dreamed him capable to *criticise* Allen's Aconite *resume'* ? Our worst enemy will not accuse us of such a heighth, depth, length and breadth of stupidity.

We will give our opinion of A. Lippe, M. D., as the writer of *a* Materia Medica ; we will do with his Materia Medica as the lads and lassies of a long-dead past used to do with the Iliad—open the pages at random and take the passage under the finger as an augury.

The book opens at page 599, *Sanguinaria Canadensis*, and the finger is opposite symptom 70 :—

" Typhoid pneumonia, with very difficult respiration, cheeks and hands livid, pulse full soft, vibrating, and easily compressed."

Well, well, well, who would have thought it ; for, surely, memory isn't tricking us ? Let us see.

We take from the shelf a thin small folio with a dingy, faded green "board" cover, entitled *American Medical Botany with Coloured Engravings, Vol. 1, Part I: Boston, 1817.* At page 81, the author, Dr. Bigelow, writes :—

" Professor Ives of New Haven* considers the Blood root as a remedy of importance in many diseases, particularly of the lungs and liver. He observes, that in *typhoid pneumonia, in plethoric constitutions, when the respiration is very difficult, the cheeks and hands become livid, the pulse* *full, soft, vibrating and easily compressed,* the Blood root has done more to obviate the symptoms and remove the disease, than any remedy he has used."

Who would have dreamed of catching A. Lippe, M. D., the concoctor of a Materia Medica which " contains the *characteristic* and *most prominent special symptoms* of the best proved and most used of our medicines" —of catching him, the immaculate purist, pilfering from the flesh-pots of the enemy !

Remembering the posology in which A. Lippe, M. D., delights let us resume Dr. Bigelow's text :—

" In such cases, he observes, 'the dose must be large in proportion to the violence of the disease, and often repeated until it excites vomiting, or relieves the symptoms.' He infuses from a scruple to half a drachm of the powdered root in half-a-gill of hot water, and gives one or two teaspoonfuls every half-hour, in urgent cases until the effect is produced.—This treatment has often removed the symptoms in a few hours."

From such sources, and such doses A. Lippe, M. D., *appropriates* the data of *his* Materia Medica ; from such he gleans "the *characteristic* and *most prominent special symptoms* of the best proved and most used of our medicines."

Oh! ill-omened augury!

Emerson says a man is original in just so far as he reads Plato ; and we used to think that A. Lippe, M. D., was original in just so far as he read Bonninghausen, but we now know that his originality is not derived solely from the Sage of Munster.

We trust we have amply shown that it was impossible for us to have looked for a criticism of the Aconite *resume'* from him, and consequently that his making a personal matter of our paper is only an exhibition of his preposterous self-conceit.

To the other little ones in the *Gazette* and the *Advance,* who imagine themselves hurt we would gently murmur the words made classic by Butler—"*Shoo fly,*" &c. S. A. J.

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* Letter dated Nov. 5, 1816.

PROPALYMINE.—Dr. G. Namias, (*Giarnole Venneto di Scienze Mediche*) says that Propylamine (C_6H_9N), a product of the distillation of organic matters, has been obtained from cod-liver oil, blood, urine, *Secale cornatum, Chenopodium Vulvaria,* Narcotine, and other vegetable substances, but is most commonly made by distilling herring brine with caustic potash.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR

OUR PHYSICIANS AND PATHOLOGY.

"In pathology the physician of the future will be well skilled. Not indeed, in that kind so fashionable at the present day—with our allopathic brethren, especially—which occupies itself with minute descriptions of the appearance of the various tissues *after death*, which fills learned volumes with the details of the *consequences of death*; but which is impotent to reveal the *cause* of death, as it is to save life. The true and useful pathology of the future will consist in a profound knowledge of the different morbid conditions of the whole system while living; whether these morbid conditions are confined to one tissue or organ, or embrace an entire series of organs; whether they are located in the physical, mental, or moral sphere; or are equally diffused through the *whole* economy of the individual being."—[*Introductory Address by J. H. P. Frost, A. M., M. D.*]

"For the study of pathology, or of pathological conditions, as contradistinguished from symptomatology, and about which so much has been said and written—as if the study of the symptoms of disease from it, precluded all knowledge of those conditions—the Materia Medica supplies the most complete and reliable material, inasmuch as it presents with the utmost detail and comprehensiveness, those phenomena of disease thro' which alone they may be studied and observed; for pathology relates to the living and not the dead subject—to a condition indicative of life and not to one of death. Has it ever appeared that a knowledge of pathology either in its general or special aspect could be obtained otherwise than through its external manifestations or phenomena, or that these phenomena of life can be exhibited in death? If not, why then should not pathology and symptomatology be regarded as identical, so far at least as the human senses can regard them, just as words, gestures, pictures and signs, represent the ideas that lie back of them in the human mind, and which cannot be otherwise apprehended."—[*T. F. Pomeroy, M.D., late of Detroit, Michigan, in American Journal of Homœopathic Materia Medica, for November, 1873.*]

The question of pathology seems always to have been a difficult one for the physicians of our school, and even at this late day, hundreds of them fail to see the advantages resulting from its study. Nor are we alone in this contemptuous and ignorant sneering, for our Eclectic brethren occasionally join in the chorus, using, as becometh the literal descendants of the acute but illiterate Samuel Thompson, cruder ideas and stronger words. Witness one lunatic, hailing from Crawfordsville, Indiana, who thus holds forth in a recent number of friend Scudder's very lively journal:—

"Of what use are all our laborious researches after disease and its manifestations in the living and in the dead? of what avail is it that Rokitansky secludes himself a third of a centory in the gloom of the reeking charnel-house, delving into festering tissues and among moldering bones, (that's the way I heard it) if thereby we learn no remedy for disease?" I consider the above a poser, and not in need of rhetoric or argument to prop it up. Rokitansky might have as well have been in New Orleans fiddling for a "nigger dance," or playing a match game of base ball against the sometime "Red Stockings," for all the *real* aid he has given to the practitioner of medicine."

I would like to hint to Prof. Frost, in the mildest and most unassuming manner, that if the physician of the future would be well skilled in *pathology*, he must be well skilled in *pathological anatomy* as well—for the one is the necessary and indispensable compliment of the other. Could Prof. Frost imagine a doctor of medicine skilled in physiology who was totally ignorant of anatomy? I trow not. Yet the learned Professor will surely see that pathological anatomy bears precisely the same relation to pathology that anatomy does to physiology. No man can be a physiologist who is not an anatomist; no man can be a pathologist who is not a pathological anatomist, and if the physician, would be thoroughly furnished for every good work, he must add to his therapeutics a thorough knowledge of *all* the phenomena of disease. The statement that the pathology of the present day deals with the *consequences* of death, and is impotent to reveal the *cause* of death, is only true in a very qualified sense. It is true that syphilitic virus lies behind the indurated chancre, and all the other manifestations of syphilis, and that this virus—which, however, we only know by its effects—is the real enemy which we oppose, but what lies behind the dilated vessels, the stagnant blood, the effusion of pneumonia? *Nothing whatever*—and those lesions constitute the proximate cause of which the factors were the predisposing cause and the exciting cause. To all intents and purposes these lesions are the immediate *cause* of death, not merely its consequence.

Startling as is the position of Prof. Frost, that of Dr. Pomeroy is still more astounding. This *savant* would have us believe that the Materia Medica supplies the most complete and reliable material for the study of pathology or of pathological conditions, inasmuch as it presents those phenomena of disease through which alone they may be studied and observed. Now the Materia Medica does nothing of the sort, and Dr. Pomeroy knows it too. It supplies us with a laborious and accurate but ill-arranged report of the effects of medicinal agents on the healthy organism, and it supplies us with nothing else. You learn Materia Medica by the study of the provings of others—better still by making provings on yourself—and from various sources, chiefly Toxicology and allopathic Materia Medica, we acquire a knowledge of the precise morbid state caused by fatal doses of these same medicinal agents. Then for therapeutic purposes we compare these symptoms and these post-mortem results of the drug with the symptoms and the morbid anatomy of the disease, for the symptoms and the internal changes of the drug must hug the symptoms and the internal changes of the disease in order to bring about a cure by the true "art almost divine." You acquire a knowledge of pathology by the careful and diligent study of the writings of the masters of the science. Wood, Flint, Watson, Williams, Trosseau, Von Niemeyer and others; by the most careful and diligent observations of all the phenomena of the diseases of our patients, not merely asking about their subjective symptoms, but feeling, seeing, hearing, smelling all the phenomena which make up the objective symptoms; and, lastly, by post mortem examinations at every possible opportunity, using for this purpose the admirable work of Prof. Thomas. No one doubts that "pathology relates to the living, and not to the dead subject;" but this is a *non sequitur* from the premises stated.

In a paper upon another subject I said that I began my professional life as a bitter, rigid, intolerant homœopath with a lofty scorn for all books which did not emanate from my own school, and especially did I scorn pathology and those who studied it. I remember that in my student days—or rather in the days before graduation, for I am still a student—I had painfully and slowly saved up two dollars with the idea of adding to my library. One afternoon I went to a well-known book stall, which still exists for anything that I know, and looked over the various medical books exposed for sale. It was close upon Commencement day, consequently the shelves were full, for many students, pressed by gaunt poverty, sold some of their books late in the session. After a long comparison of the rival claims of a copy of "*Gibson's Surgery*" and one of "*Wood's Practice*," I finally settled on Gibson. Now, excellent as Gibson undoubtedly is, Wood would have done me far more good—for Gibson's light is feeble when compared with the dazzling brilliance of the most accurate, most elegant, most natural writer on medicine that this continent has yet produced. I might have continued in this morass of bigotry almost indefinitely, but I heard that Drs. Drysdale and Russell had edited Dr. John Fletcher's "*General Pathology*." If it had been edited by writers of the dominant school, I never would have read the book, but as it was brought out under the supervision of gentlemen whom I had highly esteemed as being staunch homœopaths, I at once sent to England for the book. While perusing the singularly clear exposition of the alphabet of pathology, the scales fell from my eyes, and I saw that the practitioner must know disease as well as remedies, if he would be a true physician.—Then I bought Wood's glorious tomes, and since graduation I have steadily added to this section of my medical library, till it now numbers a hundred and two volumes.

In the department o systematic treatises—works covering the whole domain of medicine—I am not very well supplied, because I have always preferred a series of monographs on special diseases, and first among my systematic treatises is the invaluable work of Wood, of which I have already spoken. I remember once in a large meeting of our physicians, I referred to my favorite author in support of a statement regarding the pathology of, I think, pseudo-membranous croup, when the veteran physician who was presiding called out, "*Wood! who's Wood?*" The poor man had lived for many years on the same continent as that eminent man, and didn't even know him by name! Then I have Sir Thomas Watson's "Principles and Practice of Physic," more readable, more brilliant than Wood, but less scientific, less exact. Still Sir Thomas is the Macaulay of English medicine, and well repays a perusal. I have also Aitken's "Science and Practice of Medicine," an ambitious work, which I cannot help thinking was written with the idea of superseding Wood—but overvaulting ambition o'er leap'd itself, and fell on the other side. Although Aitken is quite a recent work, the therapeutics are of the most pronounced kind, and this perhaps arises from the fact, that it was prepared as a text-book for the students of the Army Medical School, at Netley. Of course, I have Dr. James Copland's voluminous, but by no means luminous "Dictionary of Practical Medicine," a veritable storehouse of facts relating to pathology and practical medicine. A friend has lately presented me with Dr. George Gregory's "Elements of the Theory and Practice of Medicine," full of aphoristic sayings, such as "Complaints of the nervous system are as real as those of the vascular." Just as soon as I can afford it, I will reinforce this department with that greatest of modern works on systematic medicine, the "Practice," of Dr. Felix von Niemeyer, and also the very thorough and exhaustive "System of Medicine," edited by Dr. Russell Reynolds.

I have but two works dealing solely with the subject of General Pathology, and this is the less to be regretted, as Dr. Wood gives an almost matchless system in the first volume of his work. One of these is the "Elements of General Pathology," of Dr. John Fletcher, of Edinburgh, the predecessor of the late Professor Henderson in the chair of General Pathology. It is chiefly remarkable for the famous explanation of the mode of action of our homœopathic remedies, and an explanation adopted by Drs. Black and Dudgeon, in their well known works on the Institutes of Homœopathy, and which is daily gaining ground with the thoughful minds of our school. I note that a new edition of Dr. Fletcher's work is now being published under the supervision of Ralph Richardson, M. A., M. D., and from the favorable review in a recent number of the *British Journal of Homœopathy*,one would expect it to be an improvement even on the first edition. The other work is the "General Pathology of John Simon, F.R.S.," well known as being Officer of Health to the Privy Council—a brief but able work which fitly matches the production of Fletcher's genius. "Some of these days," as Sampson Brass remarked to Dick Sniveller, in reference to the injestion of a bowl of punch—I will reinforce this department with Dr. C. J. B. Williams' work, which brings it up to the very latest. In Clinical Medicine, I have a somewhat meagre array of works, though what I do possess are books which will be read and pondered for many years to come. The first of these is the well-known work of Dr. John Hughes Bennett, which did so much toward shaking the confidence of Messieurs les Allopaths in Calomel as a remedial agent. Probably the most interesting part of this most interesting work, is the section on phthisis pulmonalis, especially "The Modes of Arrestment," with the accompanying illustrations. The only other work I possess is the superb "Lectures on Clinical Medicine," of the late Dr. A. Trosseau, of Paris—to my mind the finest product of modern French medicine. It is in five large volumes, and treats of many phases of disease—as rheumatism of the membranes of the hair—on which the ordinary text-books are silent.—The series of lectures on skin diseases, on the diphtheritic diseases, and on typhoid fever are very full and graphic, and indeed, the same may be said of all these admirable efforts.—

My copy is the English edition published by the New Sydenham Society, and I am not aware that an American edition has yet appeared, but I would urge all our physicians to obtain this monument of genius, assured that its study will qualify them better for their responsible duties. I would much like to supplement Bennett and Trosseau with the "Clinical Medicine of Dr. Graves."

I am somewhat better supplied with works on pathological anatomy, having four works in eight volumes. Of these the one I consult most frequently, and on which I place most dependence, is the "Elements of Pathological Anatomy," by Dr. S. D. Gross, of Philadelphia, who richly merits the degree of Doctor of Civil Law, recently conferred upon him by that "Eye of England,"—the University of Oxford. Gross is, I think, by far the first best book to study. Still, I would not like to be without Rokitansky's four massive volumes—a perfect mine of facts, or the excellent work on the pathological anatomy of the organs of circulation and respiration, by Charles Ewald Hasse, of the University of Zurich, I have also Cragie's work, so highly esteemed by "Carl Muller," but it is just a little out of date.

The medical fashion of the day on the continent of Europe is decidedly pathological histology, and here the brainful countrymen of Von Moltke and von Bismarck reign supreme. I have two text-books, one by Dr. Carl Wedl, of Vienna, the other, in two volumes, by the still more famous Dr. Eduard Rindfleisch, Professor of Pathological Anatomy in the University of Bonn. It is now some years since I read Wedl's book, with a good deal of profit too, but when I got Rindfleisch, I was surprised to note the rapid advance which the science had made. As expounded by the eloquent Professor of Bonn, pathological histology is a real living branch of medicine, and it is by no means a mere phantom, but rather a thing of practical use—a real key to the intricacies of disease. I consider the perusal of Rindfleisch marks an era in the life of a physician, and I was pleased to learn from an esteemed Philadelphia correspondent, that the leading minds of our school were studying the noble work.

In the department of monographs I am very strong, tho' I would like to add very many works to my present store. In treatises on diphtheria I have Slade and Greenhow, both very excellent, especially the former; and also a volume of "Memoirs on Diphtheria," published by the New Sydenham Society in the year 1859: it includes essays by Bretonneau, Geursant, Trosseau, Bouchut, Empis and Daviot, all distinguished French practitioners, and I well remember that I got the book from England just as the fatal scourge invaded the part of the country in which I was practicing. It seemed to me a veritable God-send, for it posted me up in the pathology so well that scores of lives were saved by the knowledge it imparted. Sir George Duncan Gibbs' book on the "Throat and Windpipe," has not yet been republished on this side of the Atlantic, though far inferior books have received that honor.

The only volume on parasites in my library is the "Manual of Animal and Vegetable Parasites," by Drs. Küchenmeister and von Siebold, and I would much like to possess the splendid book recently published by Dr. Cobbold, of London. I am deficient in works on fever, only possessing Bartlett on "The Fevers of the United States," and a very excellent little book by a Virginian physician named Reeves,from which I have derived much benefit. I contemplate adding the exhaustive works of Dr. Murchison and Sir William Jenner, and I hope that some of these days our school will possess a work on fevers, the pathology of which will be worthy of our matchless therapeutics.

On the nervous system I have Romberg's "Manual of the Nervous Diseases of Man,'' good, but somewhat old; Van der Kolk on the Spinal Cord, the most difficult medical book I ever read; "Brigham on the Brain," a very lucid little book bought on the recommendation of Dr. E. E. Marcy; and the famous work on "Neuralgia and the Diseases that resemble it," by Dr. Anstie, one of the leaders of the English homœopathizing allopaths, who seem intended by Providence to act as a kind of counterbalance to the allopathizing homœopaths who mar and deface the stately ranks of American homœopathy.

In mental diseases I have the inevitable Forbes Winslow on the Brain and Mind—everybody has that—and the glorious "Mental Pathology and Therapeutics," of Prof. Griesenger, of Berlin, which very few of us possess as it also is a New Sydenham book. I have also the "Principles of Mental Psychology," of Baron Ernest von Feuschlerleben, of Vienna, remarkable for its depths of erudition and research, as well as for the impartial and philosophical spirit in which it is written. In diseases of the alimentary canal I have the well-known book of Dr. Habershon; "Budd on the Liver," rather sketchy and not worthy of the author's reputation; Bright on "The Abdominal Tumors," a very thorough book; and lastly, Frerich great work, the famous "Clinical Treatise on Diseases of the Liver" in two volumes—this too is a New Sydenham book and is accompanied by a superb atlas of colored plates, which makes the whole subject lie as in sunlight before the mind. I would invite all those physicians—notably the Cincinnati Eclectics—who assert that the liver, (the largest organ in the body,) is altogether free from disease to investigate these monuments of erudition and research.

In pulmonary diseases, I have the classic work of Louis, the well-known "Researches on Phthisis," still well worth reading; a curious and instructive volume, entitled "Annals of Influenza in Great Britain, from 1510 to 1837," published by the Sydenham Society—a publishing society which was merged in the New Sydenham Society. I have also the excellent work of Dr. W. W. Gerhard, of Philadelphia, and a New Sydenham book, "The Writings of Thomas Addison, M. D."—the discoverer of morbus Addisonii. I place a high value on a a little monograph on phthisis by the lamented Felix von Niemeyer, and consider that his ideas on the *mechanism* of the disease are destined to be universally adopted. I have some thoughts of abridging the book for the pages of the *Observer*. On asthma, I have the classic work of Salter, without the perusal of which no man can really understand that formidable disease, and a very excellent little book, "Notes on Asthma," by Dr. John C. Thorowgood, which forms an admirable sequel to Salter's exhaustive treatise. On the heart the only book I have is that of Dr. Welsche. In dermatology I have the classic "Synopsis of Cutaneous Diseases" of Bateman, and the huge volume of Erasmus Wilson, antiquated in ideas and cumbrous of style. I have also the first two volumes of Hebra's work, with the superb atlas of life-sized plates by which it is accompanied—this is the grandest thing in my library, and is of almost priceless value to the physician. Nunnely on erysipelas is to this day the standard work on that disease, and a recent little book by Dr. McCall Anderson, of Glasgow, "An Analysis of 11,000 consecutive cases of Skin Disease," contains some excellent hints on pathology and the general management of these maladies. On the urine I have the "Urino-Pathology" of Dr. Lincoln Olshne, an eclectic work eminently practical and useful, and also the more elaborate work of Dr. Neubauer and Vogel, without which I would not like to explore a case of urinary disease. In addition to all these, I have very many more which want of space prevents me from particularizing, but I am firm in the conviction that the writers of our school must give us more monographs in the future than they have done in the past. I hail the appearance of such a book as that of Dr. Lilienthal on Skin Diseases, though I would wish it published in such a manner as to be accessible to the whole body of our physicians.

Ancient medicine has always had a powerful attraction for the physicians of our school, and we seem to have inherited this from the Master, whose knowledge in this department was cyclopean. I remember seeing a number of fine old books in the libraries of two of our Chicago physicians, both of whom are among our best authors. The first book of the kind I ever bought was the "Epitome of Hippocrates and Galen," by Dr. John Rodman Coxe—a fair enough epitome but singularly destitute of the flavor of the original. Far better are "The Genuine Works of Hippocrates" edited for the Sydenham Society by Francis Adams, LL. D., Surgeon, with annotations by the editor. As you read it you wonder how an an obscure Scottish surgeon could find time in his laborious life to master the glorious Hellenic language so as to use it like Shakspeare's mother tongue. But he left these two volumes behind him as a monument which learned physicians will not willingly let die, and doubtless he was no worse practitioner for being a good Grecian. I have also a good copy in the original Greek, and I enjoyed the privilege of reading it with one of the most profound of American scholars.. Dr. Adams also edited for the same excellent society—the Old Sydenham—"The Extant Works of Areteus, the Cappadocian," giving both Greek text and English translation, and I have derived very great benefit from both Hipprocrates and Areteus. These admirable books cost me seventy-five cents a volume, and I never made a better investment in my life. To the same learned Scottish scholar we are indebted for the "Seven Books of Paulus Ægeneta," with an admirable commentary giving a complete view of the knowledge possessed by the Greeks, Romans and Arabs on all subjects connected with medicine and surgery, and these three noble volumes stands me the same price as Hippocrates and Areteus. Few physicians are learned in Arabic, yet Wm. Alexander Greenhill, M. D., knew it sufficiently well to translate for the Sydenham Society the famous "Treatise on Small-pox and Measles" of Abu Becr Mahammed Ibu Zacareya Ar-razi, commonly known as "Rhazes." My copy was formerly owned by John Goodwin, F. R. S., Professor of Anatomy in the University of Edinburgh,and I found it rather more curious than instructive. Descending the stream of time, I have a superb copy of the complete works of Thomas Sydenham, the Father of English medicine, and another fine copy of the original in Latin.—Lately I picked up a chance copy of the famous " De Sedibus et Causis Morborum" of Morgagni, in three folio volumes,published in London in 1769. In these days of minute researches by means of the microscope and chemistry, the value of the naked-eye dissections of the famous Italian are somewhat diminished, but still a great deal may be learned from this quaint and noble work. Another old work is the "First Lines of the Practice of Physic" of Dr. William Cullen, dated 1781, with curious manuscript notes by a former owner; these four fine volumes cost me just one dollar—and at the same price of 25 cents per volume, I secured a good copy of the "Elements of Medicine," of Dr. John Brown, dated 1791, in two volumes. To the physicians of our school this work is of absorbing interest, for the ingenious author unwittingly gives the only reasonable and connected explanation of the mode of action of homœopathic remedies. Yet Brown has unluckily drawn upon his head the ire of some of the leading minds of our school.

Hahnemann launched a vigorous essay at him, and Constantine Hering in his bland and childlike way, calls him "a miscreant, an opium-eater, a scheme-catcher, with no capacity to think soundly," for which high misdemeanor he catches fits from Dr. S. A. Jones, of "Who, Which, What and Wherefore" fame. I demur, however, from friend Jones' statement that the education of Scotland at that day was inferior to that of Germany, and I think that I could satisfy him that in that same "modern Athens" Brown's chances of mental development were equal to Hahnemann's. The cause of failure is correctly stated by Dr. Jones as follows: "Brown lacked Hahnemann's self-control—he was the fire of straw; Hahnemann the blow-pipe flame."

I got another curious work lately, which greatly attracted the attention of Dr. Edwin M. Hale,and which I shall assuredly try to duplicate for him, the "Synopsis Medicinæ" of Wm. Salmon, Professor of Physick, dated 1695. Salmon represents the Galenic element of the Medicine of the period in opposition to the College of Physicians—styled by Salmon "Warwick-Lane Blades"—which followed the Paracelsian treatment by ponderous doses of mercurials and other minerals. The names which he showers on his opponents—"revelation men," "goose-quill doctors," "knacky doctors" form a curious contrast to the glowing prayer with which he concludes his book, and with which I shall close this rambling account of a favorite section of my favorite library.

"Now unto the Eternal Fulness, the Almighty Being (to whom I consecrate all the remainder of my days, imploring that the Angel of His presence may go along with me): To the Preserver of Men, who in all Dangers and Times of Trial has been with me, and through many troubled Waters, and cloudy Days has brought my Soul: To the Sacred Verity, which comprehends all Things, whose Greatness is beyond Thought, whose Wisdom is inconceivable, whose Glory is immeasurable, who is the Beginning from Eternity, and in whom all things shall be swallowed up: To the Great and Holy ONE, the Incomprehensible Being; to the Lamb who sits upon the Throne, who was Dead and is Alive, and Lives for evermore; the ineffable Word, the Prince of Life, the undoubted Victor of Death; and to the unerring spirit of Truth, the boundless Fountain of Wisdom and Knowledge, be given all Honour, Glory, Praise and Thanksgiving, now and forever. Amen. S. S. C.

THE DOCTOR'S CARRIAGE—ITS CARE. The *Coach Makers' International Journal* says: There is a common and very vexatious complaint from parties who store their carriages in the same building with their horses, or in damp carriage-houses, of poor varnish. This will happen after the very best material and varnish have been used. Then the owner blames the poor painter, "who has endured the stifling fumes of a close varnish room trying his best," and also informs the builder that he is using a vile trash instead of a good serviceable varnish, when in most cases they are both innocent, for no varnish was ever made or ever can be made that will stand the steam arising in a stable where horses are kept.

Oils, by contact with alkalis, are more or less readily converted into soaps soluble in water (among the most easily saponified oils is linseed, used largely in the manufacture of varnish), which when shaken up with a solution of ammonia, unites with the alkali, forming a thick solution of soft soap. Ammonia is a gas, and occurs in the air wherever organic fermentation is in progress. When a varnished carriage is exposed to an atmosphere of ammonia, arising from the manure or decaying vegetable matter, the alkali unites with the oil of the varnish, forming an almost imperceptible filament of soap, which when the carriage is washed, dissolves into the water and is removed, leaving a fresh surface to be again acted on by the ammonia, so that the oil is gradually removed from the varnish, leaving the brittle gum to look like resin, and crumble away.

Therefore a dry, clean carriage-house, entirely separated from the stable or stable-manure, is the first thing required, and, secondly, to have it re-varnished when it is required, "not the house but the carriage," for there is nothing saved by letting a carriage run three or four years without varnishing, and then spend five times the amount in having it repaired. In fact, a carriage that is used continually should be varnished once a year.

BROKEN HEART. A Milwaukee paper states that a young German girl died of joy at meeting her betrothed in that city. She had come all the way from Germany to join him. She embraced him upon her arrival, and when he tried to disengage himself her hands were firmly clasped about his neck in death. Her heart was literally broken with joy.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The Thirty-first Anniversary and Twenty-seventh Session of the American Institute of Homœopathy commenced at the parlors of the International Hotel, Niagara Falls, on Monday, June 8th.

The Institute numbers over a thousand active members, besides many veterans who have been connected with the Institute for over twenty-five years.

THE FIRST DAY—MORNING SESSION.

The session commenced at nine o'clock, President J. J. Youlin, M. D., in the chair, who opened the convention with an earnest and eloquent address.

At its conclusion the President appointed the following committees :—

Committee on Credentials—Drs. N. R. Morse, Salem, Mass.; R. B. Rush, Salem, Ohio ; T. L. Brown, Binghamton, New York.

Auditing Committee—Drs. E. D. Jones, Albany, N. Y.; Geo. A. Hall, Chicago, Ill.; H. A. Stone, Fair Haven, Conn.

Ordered, that fifteen minutes should be allowed for reading each report, and ten minutes for discussion to each speaker.

ANATOMY, PHYSIOLOGY AND HYGIENE.

Four papers were presented by this Bureau. "The Functions and Disorders of the Lymphatics, by Dr. J. D. Buck, of Cincinnati, the Chairman ; "The Functions of the Lymphatic Glands, by Dr. F. F. deDerkey, of Mobile, Ala.; "The Diseases of the Lymphatic Glands and their Relations to other Diseases," by Dr. W. von Gottschalk, of Providence, R. I.; and "Observations on the Lymphatics," by Dr. A. R. Thomas, of Philadelphia. The last two were read by title, but all were received and referred to the Committee on Publication.

The discussion which followed was participated in by Drs. T. P. Wilson W. von Gottschalk, S. Lilienthal, Wm. Tod Helmuth, and S. R. Beckwith, and was earnest and suggestive.

The President appointed the Bureau for the ensuing year as follows :—

W. von Gottschalk, M. D., Providence, R. I.; J. D. Buck, M. D., Cincinnati, Ohio ; A. R. Thomas, M. D., Philadelphia, Penn.; A. R. Wright, M. D., Buffalo, N. Y.; Thomas Shearer, M. D., Baltimore, Md.; F. F. de Derkey, M. D., Mobile, Ala., J. Y. Kinsee, M. D., Paterson, N. J.

MATERIA MEDICA, PHARMACY AND PROVINGS.

In the absence of the Chairman, two papers were presented by Dr. J. P. Dake, of Nashville, Tenn., "Verifications of Lilium Tigrinum," by Dr. H. H. Baxter, of Cleveland, and "Vindication of the Bureau of Materia Medica," by Dr. Dake. It was written in reply to a paper read before the Institute the previous year, by a member who disagreed with the opinions of Dr. Dake upon the subject of provings, and who did not believe in the practicability of the establishment of a college for the proving of drugs.

This paper elicited considerable earnest discussion, its general tone not being in favor of the proposed college. Drs. S. Lilienthal, P. P. Wells, C. Wesselhœft, I. T. Talbot, W. H. Holcombe, S. R. Beckwith, and R. Ludlam, were the participants. The consideration of the remaining papers of the Bureau was referred to the evening session.

TREASURER'S REPORT.

The Treasurer, Dr. E. M. Kellogg, of New York, submitted his report showing that the receipts of the Institute for the past year were $3,166.00, and the expenditures $3,160.41, leaving a balance of $5.59 in the treasury. The report was referred to the Auditing committee.

PUBLICATION COMMITTEE.

Dr. R. J. McClatchey, Chairman of the Publication committee, made a verbal report regarding the printing and binding of the proceedings of the meeting of last year. The report was received.

EVENING SESSION.

The first business of the session was the appointment of a Botanical committee by the chair.

The consideration of the reports and papers of the Bureau of *Materia Medica* was then resumed. The Chairman, Dr. T. F. Allen, of New York, presented the following papers :—

"Proving of Hamamelis Virginica," by Dr. Wallace McGeorge, of Woodbury N. J.
"Provings of Tanacetum Vulgare," by Dr. A. K. Hills, of New York.
"Provings of Lactic Acid," by Dr. A. K. Hills.
"Provings of Aztec Flower Gentian," by Dr. Emma Scott, of New York.
"Provings of the Calabar Bean," and
"The Relative Value of Primary and Secondary Symptoms," by Dr. E. M. Hale, of Chicago.
"Proving of Hydrophobin," by O. P. Baer.
"Fragmentary Proving of Egg Shells."

The papers were referred to Publication committee, with the proviso, that all single provings should be referred back to the Bureau of the *Materia Medica*, to be collated and presented for publication when sufficiently numerous.

The Bureau was then closed, and the President appointed the Bureau for the ensuing year, as follows :—

Carroll Dunham. M. D., Irvington, N. Y.; Conrad Wesselhœft, M. D., Boston, Mass.; T. F. Allen, M. D., New York city ; E. M. Hale, M. D., Chicago, Ill.; W. E. Payne, M. D., Bath, Me.; W. McGeorge, M. D., Woodbury, N. J,; J. P. Dake, M. D., Nashville, Tenn.; J. H. Smith, M. D., Melrose, Mass.; H. H. Baxter, M. D., Cleveland, Ohio.

CLINICAL MEDICINE.

Dr. L. E. Ober, of LaCrosse, Wis., Chairman of the Bureau of Clinical Medicine, presented the following papers :—

"Diagnosis, Pathology, and Prognosis of Cerebro-spinal Meningitis," by Dr. W. H. Watson, of Utica; "Reports of Cases on the same disease," by Dr. George A. Hall, Chicago; and the "Effects of Cerebro-spinal Meningitis upon the Heart," by Dr. B. W. James, of Philadelphia;—"Lunar Influences as a Guide"; "Therapeutics," by Dr. Wm. Eggert, of Indianapolis.

The reports were referred, the Bureau closed, and the Bureau for the ensuing year appointed as follows :—

H. N. Martin, M. D., Philadelphia, Penn.; S. Lilienthal, M. D., New York city; J. Pettit, M. D., Cleveland, Ohio; L. E. Ober, M. D., La Crosse, Wis.; W. H. Holcombe, M. D., New Orleans, La.; E. C. Beckwith, M. D., Zanesville, Ohio; W. H. Watson, M. D., Utica, N. Y.; Wm Eggert, M. D., Indianapolis, Ind.; T. F. Cooper, M. D., Allegheny, Penn.

Adjourned until 9 o'clock Wednesday morning.

SECOND DAY—MORNING SESSION.

BOTANICAL COMMITTEE.

The first business was the reception of the Botanical committee, comprising Dr, T. F. Allen, of New York, Dr. Henry Detwiller, of Easton, Penn., and Dr. von Gottschalk, of Providence, R. I. The committee presented a very interesting report, and exhibited twenty-five specimens of medical plants secured within the vicinity of Niagara Falls, among them a fine specimen of a genuine Hyoscyamus Niger, an escape from Europe.

CLIMATOLOGY.

In the absence of M. Mayer-Marix, M. D., the Chairman, the report on the committee on Climatology was presented by Dr. A. R. Wright, of Buffalo, in a paper written by himself, and containing important suggestions with relation to the influence of atmospheric states upon disease.

The following resolution was offered and adopted :—

Resolved, That the Committee on Climatology be instructed to secure reports from the chief points of observation taken by the Signal Corps of the Army, showing the prevalence of vaious diseases at those points from time to time.

Committtee on Climatology for the ensuing year :—

Bushrod W. James, M. D., Philadelphia, Penn.; A. R. Wright, M. D., Buffalo, N. Y.; Thomas Nichol, M. D., Montreal, Canada; L. D. Morse, M. D. Memphis, Tenn.; W. H. Leonard, M. D. Minneapolis, Min.; D. H. Beckwith, M. D., Cleveland, Ohio. F. H. Ormes, M. D., Atlanta, Ga.; T. W. Donovan, M. D., St. Augustine, Florida.

OBSTETRICS.

In the absence of the Chairman, Dr. R. Ludlam, of Chicago, read a paper on the special subject for presentation and discussion, "Puerperal

Fever." A paper on the "Treatment of Puerperal Fever" was read by Dr. O. B. Gause, of Philadelphia.

Drs. Conrad Wesselhœft, of Boston, G. W. Swazey, of Springfield, T. F. Allen, of New York, and S. Lilienthal, of New York, all spoke on the general subject, and by consent another paper was subsequently read by Dr. J. C. Saunders, of Cleveland.

Bureau of Obstetrics for the ensuing year:—

J. H. Woodbury, M. D. Boston, Mass.; O. B. Gause, Philadelphia, Pa.; J. T. Alley, M. D., St. Paul, Minn.; S. P. Burdick, M. D., New York city, Mercy B. Jackson, M. D., Boston, Mass.; J. C. Saunders, M. D., Cleveland, Ohio.

The Bureau was continued in sectional session in the afternoon, and the many present showed the interest felt. The paper of Dr. Saunders, on "Puerperal Conditions," was read, and an interesting discussion ensued, which we may yet find space to print.

GYNÆCOLOGY.

Dr. S. Lilienthal, of New York city, Chairman, read a paper upon the special subject, "*Uterine Hæmorrhage.*"

Papers on the treatment of Uterine Hæmorrhage were presented by Mrs. Dr. Mercy B. Jackson, of Boston, Mrs. Dr. J. A. Dunning, of Corry, Penn, Drs. S. R. Beckwith, of Cincinnati, W. H. Hunt, of Covington, Ky., and C. Ormes, of Jamestown, N. Y.

Considerable discussion followed the reading of these papers, especially upon that of which Dr. Hunt was the author. Those who took part in the debate were Drs. C. Preston, S. Lilienthal, J. C. Saunders, A. Ball, T. L. Brown, S. R. Beckwith, and J. H. Woodbury.

The papers were referred, and the Bureau then closed.

Bureau of Gynæcology for the ensuing year:—

S. R. Beckwith, M D., Cincinnati, Ohio; J. C. Burgher, M. D., Pittsburgh, Penn.; I. S. Swan, M. D., Providence, R. I.; W. H. Hunt, M. D. Covington, Ky.; R. Ludlam, M. D., Chicago, Ill.; S. S. Lungren, M. D., Toledo, Ohio; W. A. Edmunds, M. D., Memphis, Tenn.; H. F. Hunt, M. D., Camden, N. J.; C. Ormes, M. D., Jamestown, N. Y.

EVENING SESSION.

PÆDOLOGY.

The first business was the presentation and discussion of the reports of papers of the Bureau of Pædology, which had remained over from the forenoon session. Dr. H. N. Martin, of Philadelphia, presented the several papers of the Bureau upon the causes, pathology, and treatment of Cholera Infantum. They were accepted and referred to the Publication committee.

The paper of Dr. Martin accurately defined the pathology of Cholera Infantum, distinguishing it from the teething diarrhœa and common summer complaint of children, and consequently limiting its treatment to those remedies only which had especial relation to it, and to the Cholera Asiatica. The discussion which followed showed the necessity of more accurate discrimination and diagnosis on the part of the profession generally.

Bureau of Pædology for the ensuing year :—

D. S. Smith, M. D., Chicago; N. R. Morse, M. D., Salem, Mass.; Emma Scott, M. D., New York city; F. R. McManus, M. D., Baltimore; C. S. Sonnenschmidt, M. D., Washington; J. H. Pulte, M. D., Cincinnati; L. M. Kenyon, M. D., Buffalo; T. C. Duncan, Chicago.

The committees on Foreign Correspondence and a Homœopathic Dispensatory reported, and their reports were accepted. That of the committee on Homœopathic Colleges was referred back.

The New Constitution and By-Laws, presented at the annual session of 1873, were then taken up for discussion and action. After debate they were amended, and finally adopted.

THIRD DAY—MORNING SESSION.

Dr. T. F. Allen, of New York city, Chairman of the Botanical committee, submitted a second report, and exhibited quite a number of medicinal plants found in the neighborhood of the Falls.

Dr. H. D. Paine, of New York city, submitted the Necrological report. Several veteran members of the profession were reported as having died within the year, and suitable memorials were presented.

PLACE OF NEXT MEETING.

Dr. I. T. Talbot, of Boston, Chairman of the committee on Place of Next Meeting, submitted a report, which was adopted.

After considerable discussion it was determined that the next session should be held on the *second Tuesday in June, 1875*, at Put-in-Bay, Ohio.

SURGERY.

The papers of this Bureau were presented through Dr. S. R. Beckwith, and were "Dislocations of the Shoulder, Elbow and Thumb," by Dr. L. H. Willard; "Fractures of the Leg," by Dr. J. H. McClelland; "Fractures and Dislocation of the Ankle," by S. R. Beckwith; and "Fractures of the Cranium," by Dr. E. C. Franklin.

The general subject and the papers were discussed by Dr. J. D. Buck, of Cincinnati, Dr. Grosvenor, of Chicago, Dr. Burr, of Lansing, and Dr. T. P. Wilson, of Cincinnati.

Papers were received and referred and the Bureau then closed.

Bureau of Surgery for the ensuing year :—

L. H. Willard, M. D., Allegheny, Penn.; Wm. Tod Helmuth, M. D., N.Y. city; M. Macfarlan, M. D., Philadelphia, Penn.; E. C. Franklin. M. D., St. Louis, Mo.; H. M. Jernegan, M. D., Boston, Mass.; H. F. Biggar, M. D., Cleveland, Ohio; George A. Hall, M. D. Chicago, Ill.; J. R. Flowers, M.D. Columbus, Ohio.

OPHTHALMOLOGY AND OTOLOGY.

The reports and papers were presented by Dr, H. C. Houghton, of New York city.

A paper on " Congenital Cataract" was read by Dr. T. P. Wilson, and a paper on "Catarrhal Inflammation of the Middle Ear," by Dr. Houghton. A paper on the treatment of the disease considered in the previous essay, written by Dr. Guernsey, of New York city, was read by Dr. W. H. Woodyatt, of Chicago. Several other papers were referred with those mentioned to the Publication committee.

The Bureau was then closed.

Bureau for the ensuing year :—

H. C. Houghton, M. D., New York city ; T. P. Wilson, M. D., Cincinnati, Ohio ; C. J. Liebold, M. D., New York city ; W. H. Woodyatt, M.D., Chicago, Ill.; H. C. Angell, M.D., Boston, Mass.; W. L. Breyfogle, M.D., Louisville, Ky.; George S. Norton, M. D., New York city.

This Bureau had a sectional session in the afternoon, which was very interesting to those who attended.

MICROSCOPY.

The President also appointed the following to act as a Bureau of Microscopy, as provided by the newly adopted By-Laws :—

O. P. Baer, M. D., Richmond, Ind.; T. F. Allen, M. D., New York city; Bushrod W. James, M. D., Philadelphia, Penn.; J. D. Buck, M. D., Cincinnati, Ohio ; D. G. Woodvine, M. D., Boston, Mass.

HOMŒOPATHIC COLLEGES.

Dr. D. Thayer, of Boston, submitted the report of the committee, which was adopted.

Committee on Colleges for the ensuing year :—

A. E. Small, M. D., Chicago, Ill.; J. P. Dake, M. D., Nashville, Tenn.; J. C. Saunders, M. D., Cleveland, Ohio ; David Thayer, M. D., Boston, Mass.; T. P. Wilson, M. D., Cincinnati, Ohio.

PSYCHOLOGY.

Dr. G. W. Swazey, of Springfield, Mass., the Chairman, presented the report of the Bureau of Psychological Medicine, and gave a synopsis of a paper by Dr. George F. Foote, of Stamford, Conn., on " Psychical Nosology."

The other papers were " Psychological Diseases in relation to Homœopathy," by Dr. J. H. P. Frost, of Danville, Penn.; " Influence of the Mind in the Cure of Diseases," by Dr. T. L. Brown, of Binghamton ; " Popular Psychology," by Dr. Swazey.

The papers were received and referred, and the Bureau closed.

Bureau for the ensuing year :—

Henry R. Stiles, M. D., Middletown, N. Y.; G. W. Swazey, M. D., Springfield, Mass.; G. F. Foote, M. D., Stamford, Conn.; T. L. Brown, M. D., Binghamton, N. Y.; Samuel Worcester, M. D., Burlington, Vt.; J. H. P. Frost, M. D., Danville, Penn.; T. Dwight Stow, M. D., Fall River, Mass.; J. B. Hunt, M. D., Indianapolis, Ind.

The Institute was then adjourned until Friday, 9 o'clock, A. M.

The afternoon was spent by the members, their ladies, and invited guests at a banquet given by Mr. Fulton, of the International Hotel.—Three hundred were comfortably seated in the large dining-hall, and spent two hours in gustatory and intellectual enjoyment. In the evening all were again assembled in the parlor, and kept time to the excellent music until past midnight.

FOURTH AND LAST DAY.

MEDICAL LITERATURE.

Dr. S. Lilienthal, Chairman, made a report relating to the Homœopathic works published in this country during the past year. The Bureau was then declared closed.

Bureau of Medical Literature for the ensuing year :—

I. T. Talbot, M. D., Boston, Mass.; S. A. Jones, M.D., New York city; S. Lilienthal, M. D., New York city; R. Ludlam, M. D., Chicago, Ill.; W. H. Holcombe, M. D., New Orleans, La.

ORGANIZATION, REGISTRATION AND STATISTICS.

The papers of this Bureau were presented by E. U. Jones, M. D. The paper by Dr. Hoyne embodied much valuable statistical information.

The following appointments for the year were made by President Youlin :—

E. U. Jones, M. D., Taunton, Mass.; T. S. Hoyne, M. D., Chicago, Ill.; M. F. Page, M. D., Appleton, Wis.; H. M. Smith, M. D., New York city; P. Dudley, M. D., Philadelphia, Penn.

The report of the committee on Credentials was received. It set forth that the number of regular members in attendance at the Annual Session was 207, and the number of delegates representing asylums, colleges, hospitals, journals, societies, etc., 94.

An invitation to attend the opening of the New York State Homœopathic Insane Asylum, at Middleton, on Thursday next, was received and accepted.

LEGISLATURE.

Committee appointed :—

R. J. McClatchey M. D., Philadelphia; J. P. Dake, M. D., Nashville; I. T. Talbot, M. D., Boston; T. S. Verdi, M. D., Washington; E. M. Kellogg, M. D., New York city; H. M. Paine, M. D., Albany; E. D. Jones, M. D., Albany.

ELECTION OF OFFICERS, ADJOURNMENT, ETC.

Some miscellaneous business pertaining to the Instititute was transacted, after which the meeting proceeded to the election of officers for the ensuing year.

The officers were elected by ballot. The voting was done expeditiously, and resulted in the choice of the following :—

President—*Wm. H. Holcombe, M. D.*, New Orleans, La.

Vice President—*L. E. Ober, M. D.*, LaCrosse, Wis.

General Secretary—*Robert J. McClatchey, M. D.*, Philadelphia, Penn.

Provisional Sec'y—*Bushrod W. James, M. D.*, Philadelphia, Penn.

Treasurer—*E. M. Kellogg, M. D.*, New York City.

Board of Censors—*F. R. McManus, M. D.*, Baltimore, Md.; *N. R. Morse, M. D.*, Salem, Mass.; *C. G. Higbee, M. D.*, St. Paul, Minn.;—*C. S. Eldridge, M. D.*, Chicago, Ill.; *H. F. Biggar, M. D.*, Cleveland, Ohio.

On motion the Institute adjourned.

The session was, in all respects harmonious, and the large amount of business included in the programme was carried out with unusual promptness.

"A larger and finer representation of professional men has rarely been seen in this part of the country."—*Buffalo Courier*.

A PROJECT FOR THE FORMATION OF A WESTERN ACADEMY OF HOMŒOPATHY.—The committee of conference, appointed at the late session of the "*Kansas and Missouri Valley Medical Society*," for the purpose of conferring with the Homœopathic physicians of the West, looking to the organization of a home society for the promotion and elevation of the cause, having examined into the subject, report :—

That they believe a separate and independent Medical organization in the West is imperatively demanded for *self-protection* and self-advancement, as well as to foster and develop the cause of Homœopathy, to promote fraternal relations among its practitioners, and to advance the interests of each and every one of us who practice their profession in the Great Valley of the Mississippi.

That the union of western medical men in a distinct body, will materially strengthen our cause in the West, while it will not weaken the force or lessen the influence of the great American Institute, as the representative of Homœopathy in the United States.

The committee recommend that the organizing convention be held at St. Louis, on the *Third Tuesday of September*, prox.

The committee is composed of—James Lillie, M. D., Kansas City, Mo.; E. C. Franklin, M. D., St. Louis, Mo.; W. A. Parsons, M. D., Atchison, Kansas.

HOMŒOPATHY AND ECLECTICISM.

The "Medical Review" published at Indianapolis, contains the following article upon Homœopathy :–

Dr. Munk, in an article recently published in the *E. M. Journal*, falls into a very common error. We are surprised to see so gross a blunder in a communication which as a whole, is a most able effort. The doctor is discussing Homœopathy, and in speaking of the law *similia similibus*, says: "If its scope is unlimited as it is claimed, then with fullest propriety can we say, that to cure a burn it is necessary to burn again; or to heal a wound, it must be cut afresh."

The terse little latin phrase which expresses the homœopath's fundamental law of cure, gives no warrant to Dr. Munk's conclusion. No intelligent homœopath claims or ever did claim that *the same cures the same*, though they will admit twenty times in a second if you wish, that *like cures like.* Although the consistent homœopath may never admit the principle in the practice, we are not sure that he could not exhibit infinitesimal Podophyllin for Podophyllin-catharsis,and keep within the strict letter of his law; for spiritual Podophyllin is *not* identical with the material article.

We make this little correction with a view of "giving the devil his due," knowing well that Homœopathy in common with all other medical *sects*, has sins enough of its own without being charged with such as it is innocent of.

There are a few questions connected with Homœopathy, which to our untaught soul, have become standing conundrums. Infinitesimalism is based upon the idea that disease quickens the sensibility of the affected part. Now is this an assumption or is it an axiom, and if not an axiom is it not a little cheeky to base a law upon it? How many hundreds of instances have we known and heard of in which the sick have taken, without noticeable effect, a quantity of medicine which in health would have nearly or quite killed them. It is claimed by homœopathists that in most of these cases you are practising chemistry, not medicine—that whiskey for instance, in snake-bite is merely an antidote,not a curative agent. But if it is not demonstrable in *every* case where greater quantities of medicine are borne in sickness than could be in health, that you are practising chemistry the law is not worthy of respect. It is doubtless true, that in a large class of diseases the susceptibility to drug impression is exalted, but may there not be some in which, from paralytic and other influences, this susceptibility is obtunded?

In constipation—which is a disease—are the organs at fault more impressible by the indicated rumedy than in health?—According to homœopathy they are, but according to the rest of the medical world they are not. If we find a patient whose bowels have not acted for 3 or 4 weeks, and there is immediate danger of perforation or other dangerous complication, the whole world, including homœopaths, must admit that the medicine which will soonest induce an alvine evacuation, is the remedy indicated. A homœopath might in this case, resort to enemas, but this would only confirm the universal judgment even if the injection did not fail. *We want to move the patient's bowels immediately.* Will infinitesimal medicine do it? We know it will not. But if the bowels are more impressible now by the indicated remedy than in health, why will not the decillionth of a grain of Podophyllin do? We are the last to defend promiscuous catharticing, knowing well that in correcting the constipated habit we need no cathartics, nor even aperients as for that matter. But we may find patients in critical conditions from retained fæces, as well as from retained urine, and if we cannot give them mechanical or surgical relief, we must give them medicinal relief.

Again, according to homœopathy quinine is indicated in intermittents, but do they give the 200th attenuation for the disease? They give it in small doses it may be, but often enough to make up for the smallness of the dose. They see to it generally, that the patient gets ten or fifteen grains between chills, but then they have a *way* of reconciling this to the doctrine of infinitesimalism.

Another question connected with homœopathy has puzzled us. We know that Sacch-lac is not wholly inert, though its medicinal properties are not marked. We have a physician here who gives the *two hundredth dilution* of sugar-of-milk in certain diseases and with astounding effect! We do not know how he dilutes it, but he has told us that he gives it in highly attenuated forms. But we know without even this proof, that it is not absolutely inert. The homœopath gives the same number of globules or the same quantity of powder where administering a higher, as when exhibiting the lower potencies. What we want to know is this; what assurance have we that in giving the *very* high attenuations, the medicinal quantity of the Sacch-lac will not neutralize or preponderate over that of the contained drug; unless the sugar is *absolutely* inert it would *per necessity* overshadow the included drug principle, especially if this drug happened to be charcoal or chalk.—We are acquainted with a homœopath here who claims to have cured several old cases of dysmenorrhœa with the 65,000th of Pulsatilla! Can any sane man believe that the *nothing* of Pulsatilla contained in this lofty potency would not be swallowed up in the Sacch-lac and alcohol used as menstrua?

A word more as to the increased susceptibility in disease, and as to the dose. We know, and most homœopaths will admit, that one drop of Belladonna (mother tincture) will generally cure a congestive headache. But if the true dose is to be found up among the decillionths, why will a drop of the crude cure? Why does it not kill instantly? Three-fourths of all the doctors in the world would pronounce one drop of Belladonna a small dose, for it has been authorised in ten drop doses. Small as the dose is, we dare not give fifty times the amount, and the same is true of all our remedies. This is not the case with the high dilutionist. He may, and often does give a few hundred millions more or less without any appreciable effects, good or bad. But science in medicine, as in any thing else, depends upon definiteness, and homœopathy claims to be *par excellence* scientific. Is there any definiteness in the latitude comprehended between a billion and decillion? We would be glad to publish some clear but brief exposition of fundamental high dilutionism.

REPLY TO THE ABOVE.

The Editor of *Medical Review* (Eclectic) evidently does not intend to do Homœopathy any injustice. He may not be as much befogged as we were a quarter of a century ago, when we regarded Homœopathy with about as much favor as we are now disposed to look upon Spiritualism, but he evidently is far from distinctness of vision.

He corrects Dr. Munk for his "*gross blunder*," but when he talks of infinitesimal Podophyllin as *spiritual*, and supposes that it might be given by the homœopath for Podophyllin-catharsis, he appears to lose sight of the distinction between *Isopathy* and Homœopathy.

Another error consists in the confounding of Homœopathy with *Infinitesimalism*. The practice of the true art of healing, or the principle of *Similia*, certainly does lead to the giving of *small* doses, but there is as much difference between small and infinitesimal doses as between Isopathy and Homœopathy.

As to the use of the 200th Sacch. lac; 65,000th of Pulsatilla, and "*fundamental high dilutionism*," we merely remark, that high dilutionism is not *fundamental* at all, its practice is merely *incidental*, and very far from being even that with a majority of our practitioners.

PROSPERITY OF THE "AMERICAN OBSERVER."—Nothwithstanding the financial difficulties, which have reached our subscribers as much as other classes, we have been enabled to print our journal with usual promptness; and the character of the contributors to our pages has been such that we have the expectation of making the first volume of the New Series (Eleventh of the *Observer*) the best in every department.

Our hands have been held up by the profession, and we have always felt grateful for their aid :—

Dr. J. P. Dake writes: "You are giving us a good Journal. Go on as you are and we will be satisfied."

Dr. Carroll Dunham says: "I wish you the success which your industry and devotion deserve."

Dr. C. E. Woodford says: "Many of the articles for last year were *invaluable*, coming precisely when most needed."

A large number of just such encouraging words have been received, and each one moves us to still more earnest endeavors.

We also thank all our readers who have been prompt in payment, and we have a word to those who are yet in arrears. A few owe more than the subscription of this year; we say to all such, if it is not convenient for you to send *all* that you owe, remit the amount that was due last December, and let the subscription for this year remain until next January. Our terms are still $2,50 per annum *in advance*, and we merely make this offer to our friends during the present time of difficulty in making collections.

COMPLETE SETS OF THE OBSERVER.—Those who desire to *complete* their Volumes of this Journal should make *early* application, as many vols. and numbers will be soon out of print.

PHYSICIANS WANTED IN FRANCE.—A Paris letter states that there are in France cities of 15,000 inhabitants which have not one single physician; there are cities of 20,000 inhabitants which have but one physician, and he not a graduate of a medical school. There is always posted in the arcade of the Paris Medical School the names of fifteen or twenty towns or villages which have no physician, and wish one. Lille is a city with a population of 200,000 souls; it contains only forty-three physicians. Roubaix is a city of 76,000 souls; it contains only eight physicians. The counties in which there are fewest physicians are the counties in which the per centum of mortality is highest.

If the above report is true, some of the M. D.'s who are half-starving in our cities, had better learn French and emigrate.

A GRATEFUL (?) COMMUNITY.—It is said that Dr. Michael Hatch, for sixty years a practicing physician in Edinboro', Vermont, died recently in the Sheldon poor-house, aged 102 years.

NECROLOGICAL.

On May 5th, 1874, at his residence in Philadelphia, Penn., WALTER M WILLIAMSON, M. D., aged 38 years.

Dr. W. M. Williamson, (the eldest son of the late Walter Williamson, M. D.,) was born in Delaware County, Pennsylvania, in 1836. He received a liberal education at the Academy of the Protestant Episcopal Church in Philadelphia, studied medicine with his father, and graduated at the Homœopathic Medical College of Pennsylvania in 1857. Soon after receiving his degree, he located at Appleton, Wisconsin, where he remained in practice until the year 1860, when he removed to Philadelphia, where he remained in practice up to within a few days of his death.

Dr. Williamson was an able and active practitioner, energetic in all that that he did, and a genial and warm-hearted man. He became a member of the American Institute of Homœopathy in 1858, usually attended its sessions, and was on several occasions appointed to the chairmanship of a bureau. He was one of the founders of the Pennsylvania State Homœopathic Medical Society and of the Philadelphia County Homœopathic Medical Society, and was President of the last named organization. He felt a deep interest in everything that concerned the welfare and advancement of homœopathy. Last spring he had a sharp attack of pneumonia, through which he was attended by the writer, and from which he gradually recovered, and it was hoped that he would soon regain his usual robust health ; but a troublesome cough, with occasional hæmoptysis remained, with symptoms of emphysema. On Sunday, May 3d, as he was about to attend to his usual professional duties, he was attacked by an alarming hæmorrhage, which recurred on the following Tuesday evening, and during which he died.—*Hahnemannian Monthly.*

BOARDMAN—Dr. H. K. W. Boardman died at Chicago May 27, 1874, of cerebral hæmorrhage.

REMOVALS.

BATTEN—Dr H P Batten, from Blair, Nebraska, to Iowa City, Iowa,
BULLARD—Dr J A Bullard, from Philadelphia to Wilkesbarre, Penn.
CAUCH—Dr R Cauch, from Augusta, Arkansas. to Fairbury, Ill.
CONNELL—Dr B F Connell, from Canton, Ohio, to Connellsville, Penn.
DAVIS—Dr D A Davis, from Parma to Saginaw City, Mich.
DRESSER—Dr J D Dresser from Turner, Me, to Greenwich, Conn.
EATON—Dr E K Eaton, from Wareham to Lowell, Mass.
FETTERHOFF—Dr H R Fetterhoff, from Newville, Penn., to Baltimore, Md.
HERRICK—Dr John I Herrick, from Milwaukee to Necedah, Wis.
HUNTER—Dr T C Hunter, from Maumee City to Napoleon, Ohio.
LONG—Dr Sam'l Long, from Norristown, Penn., to New Brunswick, N J.
MATHIAS—Dr A C Mathias, from Gilboa, Ohio, to Jacksonville, Oregon.
REYNOLDS—Dr W B Reynolds, from Carlisle to Newville, Penn.
SHERMAN—Dr J H Sherman, from Lynn to Boston, Mass.
SCHMUCKER—Dr F R Schmucker, from Reading to Pittsburgh, Penn.
TILLINGHAST—Dr J B Tillinghast, from Summit to Phenix, R I.
WRIGHT—Dr A S Wright, from Omaha, Nebraska, to Santa Rosa, California.

LOCATIONS.—*Milford*, Oakland co., Mich., (on Flint & Pere Marquette R. R.)—Refer to Dr. G. B. Booth, Dentist, there.

Salem, *Ohio*, write to Dr, N. M. Shurick.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

RETENTION OF URINE.

BY ALEXANDER W. STEIN,
*Attending-Surgeon to Charity Hospital, Professor of Visceral Anatomy and Physiology in the New York College of Dentistry, etc.**

Few affections present themselves to the surgeon which are more distressing to the patient than retention of urine, not only because of the pain and anxiety which it occasions, but because in the majority of instances it is associated with the consciousness that it depends upon an incurable and progressive disease, whose tendency is to produce, in inevitable sequence, atony and sacculation of the bladder, distention of the ureters, and invasion of the secreting structure of the kidneys, unless relief is afforded. But, while it is a grave affection, there is no disease, in itself incurable, which as a rule responds more uniformly to judicious management.

Some discrepancy of opinion prevails relative to the best method of dealing with these cases, but we propose to lay down those points in the treatment of retention which experience has fairly established as the most judicious and satisfactory.

Of the many real and some imaginary causes of retention mentioned by surgical writers, those depending upon organic stricture and senile hypertrophy of the prostrate are by far the most frequent, and are especially deserving our consideration.

Spasmodic stricture, an expression common in surgical literature, has often found a place in etiology of retention. Yet we question whether spasm of the urethral muscles, apart from pathological changes in the sub-mucous tissue, is ever sufficient to prevent the exit of urine, or is ever capable of arresting the passage of a full-sized catheter into the bladder At least, such a condition, though often thought to exist, has never been satisfactorily demonstrated.

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* *New York Medical Journal.*

As to the so-called inflammatory stricture, it is no more worthy the name stricture than is hypertrophy of the prostrate—both conditions more or less obstruct the canal, but do not contract or constrict it.

But that a urethra whose calibre is already encroached upon by an organic stricture may, by free indulgence in spirituous drinks, exposure to cold, etc., have superadded to it congestion or spasm, or both, to an extent sufficient to almost occlude the canal and produce retention, is a fact which every surgeon has verified in his experience. A stricture which at one time is impermeable to the smallest filiform instrument, will, under the influence of an anæsthetic, or after a few days of rest, warm baths, opium, aperients, etc., admit No. 4, 5 or 6. We call to mind an instance which occurred at Charity Hospital a year or two ago, which is a striking illustration of the fact, that spasm may be a potent factor in producing retention when narrowing already exists. Frequent and ineffectual attempts at catheterization had been made by skillful surgeons and experts to relieve an over-distended bladder.—Aspiration not having been practiced at that time, it was decided to perform external perineal urethrotomy. The patient was anæsthetized, put in position, and the staff introduced; the operator was about to make his incision, when, to the great astonishment of all present, the instrument passed into the bladder with the utmost facility. A catheter of larger size was immediately substituted and introduced with equal facility, and the bladder emptied. This is but one of many instances which might be cited in evidence of the fact that the difficult operation of external perineal urethrotomy without a guide is sometimes undertaken unnecessarily. The more skillful the surgeon, the more he will indorse the axiom of Prof. Syme, that "if urine passes out, instruments may always through care and perseverance, be gotten beyond the contraction."

But few cases will not yield to the gentle and persevering use of the delicate flexible bougie ; at least not until these have been faithfully tried, and the treatment by aspiration, warm baths, opium, etc., proved unsuccessful, should perineal section be thought of, unless, of course, special indications for the operation exist.

There are two kinds of filiform instruments employed for the relief of retention depending upon narrow strictures ; the gum-elastic (French and English) and whalebone. The objection, sometimes urged against the former, is that it doubles itself in front of the obstruction, and "the point appears at the meatus when it was supposed to have passed into the bladder." We think this accident does not often occur in the hands of those accustomed to manipulating delicate flexible instruments. Although the great flexibilty of the gum filiform instruments is in some instances a disadvantage, they will, by virtue of this property, sometimes follow the sinous course of a distorted canal more readily than whalebone.— Having gone beyond the contraction, they are less apt to engage in the enlarged lacunæ which so often exist behind old strictures; and, lastly, they serve as the best and safest guides to the bladder for such other instruments as we may subsequently wish to employ, (i. e., catheter, dilator, etc.)

As regards the utility of the probe-pointed whalebone instruments, we believe them to be especially serviceable in indurated strictures of the pensile portion of the urethra, where their value as searchers for the orifice of some forms of stricture is often greatly enhanced by their bent or twisted extremities. In difficult cases the method adopted by Desormeaux is often useful. Several of these instruments are introduced side by side, so as to cover the face of the obstruction with points, or, if one or more enter a false passage, they are allowed to remain *in situ*, and others introduced until the natural passage is found and the bladder reached. The introduction of filiform instruments should always be preceded by filling the urethra with oil.

When the stricture is within two or three inches from the meatus and is complicated with numerous or large false passages, the endoscopic tube, with the aid of bright light, will sometimes enable the operator to guide the whalebone thro' the orifice of the contraction.

We have just adverted to the fact that the urethra is not only greatly dilated behind the stricture, but the lucunæ prostatic and ejaculatory ducts on the floor of the canal are often very much enlarged, and readily entangle the point of a fine bougie, and thus endanger the formation of a very troublesome false passage, one even worse than if it were situated in front of the stricture. It is not always easy to determine when the instrument has engaged in one of these openings,for in narrow strictures the bougie is grasped so tightly that its manipulation is often rendered difficult. Great gentleness is, therefore, required, even after the obstruction has been fairly passed. Very little force is sufficient to thrust an instrument —especially if inflexible—through the walls of the urethra.— If the instrument has gone seven or eight inches and has become arrested,the finger in the rectum will ascertain its precise situation. If it has engaged in a false passage, it should be partially withdrawn, and, with a little pressure upon the point of the instrument, slowly reintroduced. This to-and-fro motion is gently made until the bougie effects a passage into the bladder. Sometimes catheterization is facilitated by directing the patient to make an effort at micturition while the instrument is being passed onward into the bladder. This manœuvre possesses the further advantage that, separating the walls of the urethra, the chances of making a false passage behind the stricture are diminished.

When the instrument enters a false passage, it may be determined by a characteristic grating feel imparted to the touch, and, if the instrument is metallic, its point becomes more or less fixed in position. But the absence of these signs is no evidence that the instrument has not deviated from the natural channel. Sometimes the grating feel is entirely absent, and although the instrument may have pursued an abnormal course on its way to the bladder, if it has reached that viscus, it will be perfectly mobile. In brief,we venture to affirm that, however skilled the surgeon, he may, under certain circumstances, follow the course of the *previously-existing* false passage into the bladder and be ignorant of the fact. This statement would become one of significance, if it could be demonstrated that divulsion or incision of a stricture, under such circumstrances, is more frequently followed by shock than when the instrument has followed the natural channel throughout. In the two instances of death from shock after divulsion, in which we had an opportunity of witnessing the autopsy, the divulsor had certainly tunneled the urethra.

Often the mere attempt to pass the obstruction—especially if the point of the instrument has engaged the stricture—will afford relief—the withdrawal of the instrument being followed by a a flow of urine, But, as a rule this is insufficient, and it is necessary to pass a catheter. To this end the flexible gum filiform instruments should be provided with screw-tips so that they may be attached to a small silver catheter (Fig. *A*.) and thus serve as a guide for that instrument to the bladder.

If the guide employed is whalebone, the tunneled catheter, devised, we believe by Dr. Gouley, is adapted (Fig. *B*.) "It is three millimetres in diameter, nearly corresponding to No. 3 of the English scale, and it is conical, its point being two millimetres in diameter, about equal to No. 1 of the same scale. A groove on its convex side extends a distance of four inches, and is bridged over in its last twelfth of an inch, so as to form a canal for the reception of the whalebone guide."—[Gouley.]

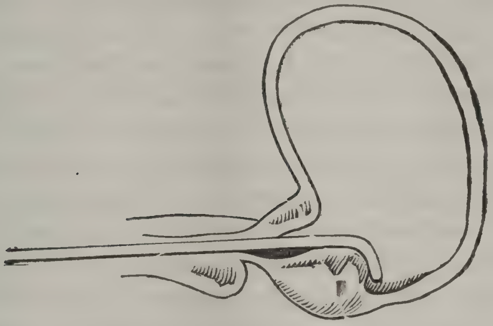
We believe that the passage of the catheter is more facile when the canal through which the guide passes is from one to one-and-a-half inch in length (as after Mr. Teevan's modification, London *Lancet*, July 5, 1873.) instead of one-twelfth or one-eighth of an inch, and it seems reasonable to assume that the danger of breaking off the end of the whalebone as the catheter is passed over the guide is also thereby diminished. For the fact must not be ignored that this accident has already occurred several times in experienced hands.

If the strictured canal has not deviated from its normal course, (i. e., not tortuous) the small flexible instruments may occasionally be dispensed with, and Thompson's probe-pointed silver catheter used to advantage. But small metallic instruments should always be manipulated "with a light hand and a lively sense of a false passage." They are dangerous unless connected to a filiform bougie already introduced as a guide. It is unnecessary to cite instances in proof of this statement. Let those who doubt, visit any museum in which many specimens of stricture have been preserved, and the mischief for which small metallic instruments are responsible will become too obvious.

If the bladder has been greatly distended for some time, it is imprudent to remove all the urine at once. Several deaths have been reported as the result of too hasty evacuation of the entire contents of a highly-distended bladder. It is best to withdraw a portion at a time, thus affording time for the bladder to gradually regain its normal condition of contraction.

In young persons the lowest part of the bladder is the neck, but as age advances the bladder gradually sinks into the pelvis, so that in aged persons—especially if the prostrate is enlarged—the inferior fundus, or *bas fond*, is often dilated into a pouch, constituting a permanent reservoir for stale ammoniacal urine. In such cases we have employed with very satisfactory results a catheter having a short beak or curve whose extremity can be swept over the floor of the bladder behind the prostrate (Fig. 1.) Its opening at the extreme point allows aspiration to be effected, and the bladder is thus completely emptied. Before Dieulafoy's aspirator became known we resorted to this expedient in the first instance with a simple India-rubber bulb detached from a Davidson's syringe *vide Medical Record*, June 15, 1872,) and subsequently with an ordinary exhausting pump. Now we have the more convenient means by Dieulafoy's or Potain's aspirators. It is needless to say that this procedure is equally applicable to all cases of impaired contractility of the bladder, whether that depends upon atony of its muscular coat from over-stretching, or upon paralysis, the result of disease in the nervous centres. Many of these cases are subjects of cystitis, and the means and remedies, which are otherwise unavailing in this affection, are found all-sufficient if, before instituting local treatment, the importance of thoroughly removing the source of irritation is appreciated.

Fig. 1.



When an instrument has with great difficulty passed a stricture, it is a safe rule to leave it in position :—

1. Because if removed, it may subsequently be impossible to reintroduce it, and consequently we may be obliged to perform external urethrotomy without a güide, a difficult operation and one that may be contraindicated by the condition of the patient.

2. The filiform guide in the urethra affords the best means for the subsequent treatment of the stricture. For example: should the general condition of the patient favor an operation, Maisonneuve's urethrotome may be attached and the stricture divided. If it is a case for divulsion, the divulsor is attached or, if external urethrotomy is indicated, the grooved staff is screwed to the filiform guide and external division rendered simple. Thus the filiform guides are made to fit either catheter, urethrotome, divulsor, or grooved staff. If, on the other hand, the patient has diabetic or albuminous urine, a bad constitution, a nervous, irritable temperament, we may resort to

the milder method by gradual dilatation, or if this is not feasible, the continuous plan may be adopted.

A careful examination into the general condition of the patient and the state of his urinary organs is imperative in determining the character and the proper time for an operation. The examination of the urine should be regarded as a *sine qui non* in the treatment of *all* urethral strictures. Not until such examination has been made can we judiciously decide upon the proper treatment to be adopted in each case, or can we duly estimate the danger that might, in some instances accrue from too active interference. "He who is a physician only, will constantly overlook calculus and stricture, to the great detriment of the patient; while the mere surgical handicraftsman will treat mechanically many a case which can only be injured by his manipulations."—[Holmes' 'Surgery.'] In making an examination it is not only important to recognize the existence but also the extent of renal disease. The first is revealed by the presence of albumen, the latter is determined by the relative quantity of the normal constituents of the urine present, which indicates the eliminating power or functional activity of the kidney still left.

We must constantly keep in view the serious consequences which inevitably ensue from prolonged over-distention of the bladder, not only endangering rupture of the urethra and extravasation of urine, but also the injurious effect that continued pressure will exert on the structure and functions of the renal organs. Structural change of the kidneys is especially to be apprehended in those who have suffered with repeated attacks of retention.

Accumulation of urine in the bladder, in consequence of the gradually-increasing obstruction to its outflow, takes place by degrees and often imperceptibly. While the desire to void urine becomes more frequent, less urine is passed at each effort. Thus distention of the viscus ensues, its muscular coat becomes over-stretched, and loses its contractility. The urgent desire to evacuate the bladder now subsides; the organ becomes as it were an insensible sac, and, having attained its utmost degree of dilatability, dribbling or overflow occurs.

We rarely see two cases of retention which present the same characteristics. Thus in one instance the bladder will be comparatively but slightly distended, and yet the attending symptoms will be more urgent than in one in which the bladder has risen above the umbilicus. Mr. Jonathan Hutchinson mentions a case in which retention insidiously terminated in fatal disease of the kidneys, *without pain or inconvenience.*—[London *Lancet*, July 4, 1868.]

Again, in one instance the bladder may expand to a degree endangering extravasation, and not a drop of urine escape *per urethram* (complete retention); while in another over-distention coexists with constant dribbling (incomplete retention.) This latter fact should be appreciated because this condition has not unfreqnently been mistaken by surgeons for an inability on the part of the bladder to retain urine (incontinence,) instead of recognizing it as an overflow of surplus urine from the over-distended viscus. Another peculiarity may be mentioned, in the fact that, in come cases of *complete* retention, we are enabled to pass an instrument of comparative large size without great difficulty, while in others, in which free *dribbling occurs*, catheterization may be unsuccessful even with the most delicate instrument.

The difference in the character of a stricture as regards its dilatability, resiliency, etc., depends upon the seat and extent of the inflammation which has produced the stricture. Urethritis may result simply in the destruction of the epithelial elements of the mucous membrane, which after a time are entirely reproduced, and no perceptible lesion remains. But a stricture is always the expression of pathological change in the sub-mucous tissue, whether that is confined to the areolar tissue, immediately beneath the mucous membrane, or has involved the trabecular net-work of the corpus spongiosum.—If confined to the sub-mucous areolar tissue, the stricture ordinarily yields easily to simple dilatation. If, however, the inflammation has been intense or prolonged, and has involved the muscular trabeculæ of the corpus spongiosum, these strictures are metamorphosed into fibroid tissue; which new element produces a stricture far less amenable to dilatation, and characterized by its obstinacy and resiliency—the latter varying in degree according as the changes have occurred near the mucous membrane, or have extended deeper into the substance of the corpus spongiosum.

Retention of urine will in the natural sequence of events lead to suppression of that secretion. As soon as the bladder becomes distended, the urine accumulates in the ureters, then in the pelvis of the kidneys, and finally in the tubuli uriniferi. Soon as the pressure in the uriniferous tubes becomes so great that secretion of urine is more or less arrested, symptoms of suppression manifest themselves, and death frequently terminates the case. When suppression arises from organic disease of the secreting structure of the kidneys, the physical properties and composition of the urine differ from those cases in which the suppression depends simply on an impediment to the outflow of the urine by its excretory channels. In the first instance the urine is high-colored, concentrated, and contains casts. In the other, the urine, being secreted under a high pressure, is pale, watery, and devoid of casts.

Having vainly tried to effect catheterization by means of the finest instruments, or, if we have reason to apprehend extravasation or that permanent injury to the urinary organs may result, or the age and suffering of the patient demand immediate relief, hypogastric puncture by means of the capillary trocar with pneumatic aspiration must be resorted to.—Indeed, this operation is so simple and harmless, and so certain in its results, that it is no longer justifiable to temporize when catheterization is in the least difficult, whether in cases of stricture or hypertrophied prostrate. The punctures are so insignificant that no harm is done by making them several times a day, or as often as necessary. As a palliative measure it is of the highest order, because of the well-known fact that the flow of urine through an obstructed urethra often becomes reëstablished in a day or two, if not in a few hours after it had been diverted from its natural channel. A stricture which at one time seems insurmountable, and which causes the patient to run the risk of a serious operation, being relieved of the irritation of the urine passing over it, becomes amenable to the safer and more simple method by dilatation. After aspiration we can frequently penetrate the bladder thro' the natural passage without delay, and with comparative ease. because, the distention being removed, the urethra is placed in a condition favorable to catheterization. For it must be borne in mind—especially when using small, inflexible instruments—that when the bladder fills it rises in the pelvis, and in doing so draws the urethra up with it, puts it upon the stretch, increases its anterior concavity, and therefore increases the difficulty of catheterization and the danger of creating a false passage.

The perineal, recto-vesical, sub-pubic, and hypogastric punctures by means of large, curved trocars, have all been in favor, but even under the most auspicious circumstances are of some gravity, and often complicated with unpleasant sequelæ.—May we not safely affirm that the capillary hypogastic puncture has superseded all other methods of puncturing the bladder? Dr. Dieulafoy has shown that punctures made by a needle half a millimetre in diameter are entirely innocent in their effects. He has thrust them not only into the bladder, but into the joints, the liver, spleen, intestines, lungs, and the meninges, without any consecutive accidents. Since the first application of this method to retention (Feb. 26, 1870) by M. L. Labbĕ, a great number of similarly successful cases have been collected here and abroad. In many the punctures were made several times daily for many successive days, without the least unpleasant effect. The mode of performing aspiration is very simple, and does not exact any special surgical dexterity. The first thing is to be assured of the perfect working order of the aspirator; and secondly, the permeability of the needle, which, on account of its length and tenuity, is very easily obstructed with dust or rust. No. 1 (half millimetre in diameter, and twelve centimetres in length) is usually preferred on account of its thinness and length; but

No. 2 (one millimetre in diameter) may be employed with equal safety. The spot selected for the puncture is 1 or 1½ in. above the pubes on the median line. The patient being in the recumbent position with hips elevated, and "the aspirator being ready, that is to say, the previous vacuum being made, the needle is introduced sharply at the spot pointed out. Before the needle has penetrated a centimetre into the tissues, that is as soon as its opening is no longer in contact with the external air, the stop-cock connected with the needle is opened, and the vacuum is thus formed in the needle itself. This needle carrying the vacuum with it, is slowly, very slowly pushed in the direction of the bladder, until the urine flowing over the glass index shows that the bladder is pierced. Owing to this proceeding, and having the previous vacuum at our command, we know the precise moment the fluid is reached; at the same time care must be taken to push the needle two centimetres farther, and for this reason, the bladder in emptying contracts, and, if the point of the needle is only caught in its walls, it would probably be driven out by the contraction of the organ. . . . . The abdomen must not be pressed upon under the pretext of aiding or hastening the issue of the fluid; such a proceeding cannot but be injurious, it is also useless, for the urine is doubly induced to flow by the aspiratory power and by the contraction of the bladder."—[Dr. Dieulafoy.]

The pain produced is insignificant and very decidedly less disagreeable than the passage of a bougie along the urethra. The urine cannot escape into the peritoneal cavity from the needle on withdrawing it from the bladder, because it is held by the aspiratory force, and there need be no apprehension of any passing out from the bladder through the punctures, because these are too minute, and because of the contractility of the walls of the viscus.

Léon Labbé, reports the *post-mortem* examination of a case under his care which showed the perfect innocuousness of the punctures, even when repeated a great number of times. The external surface of the bladder presented slight ecchymoses, the size of which was not larger than a flea-bite. These little ecchymoses corresponded to each of the punctured points, but it was impossible to detect any traces of the punctures on the internal surface. (Patient died of peritonitis in consequence of a contusion of the abdomen and perinæum.) In the case of Dr. F. Guyon, surgeon to the Hospital Necker, in which the operation was repeated twenty-five times in twelve days, the patient eventually dying from the effects of dysentery, the *post-mortem* examination showed the presence of little blackish spots on the internal surface corresponding to the capillary prickings, but without any infiltration or any loosening of the mucous membrane.

If, however, the stricture is of traumatic origin, or when recent extravasation has occurred, or when the perinæum is hard and indurated from an old abscess or extravasation, external urethrotomy is by universal consent regarded as the only reliable operation. Such cases, even though the strictures are permeable to filiform instruments, are little benefited by the palliative treatment. The old operation of perineal section—which is performed very often even to-day—consists in passing a large instrument down to the obstruction, and opening the urethra upon it. Then, " by dint of cutting, a way is made for the instrument to go from the urethra before the stricture to the urethra behind the stricture."—[Thompson.] The stricture itself in the majority of cases remains untouched.

This operation has been greatly improved by Messrs. Arnott and Avery. The patient is prepared, and placed in position, as for the operation of lithotomy. A grooved staff, (which is preferable to a grooved catheter, because less liable to slip from under the knife) is passed down to the stricture, and held firmly and steadily in position by an assistant, who at the same time supports the scrotum. An excision is now carefully made along the raphe of the perinæum, extending from near the scrotum to within half-an-inch of the anus, involving the skin and connective tissue. This incision should be sufficiently extensive to afford a full view of the deeper parts. A small external wound not only embarrasses the operation, but afterward endangers urinary infiltration ; or, if this does not recur, retards the healing process. The incision in the superficial tissues should be larger than in the corpus spongiosum ; and that in the corpus spongiosum larger than in the sub-mucous tissue and mucous membrane. The urethra is now opened at about a quarter-of-an-inch above the point of the staff and the canal exposed to view. Mr. Avery's plan of holding apart the lips of the wound is now generally adopted : "A loop of thread should be passed through each margin of the urethral incision, including the mucous membrane close to the stricture, so as to open out the passage, and dispense with hooks or fingers, which might intercept the view. The loops serve also to guide the eye to the exact spot at which the stricture commences, during any stage of the dissection which it may be necessary subsequently to make." This done, the parts are carefully sponged, the interior of the canal brought into view, and a small grooved, probe-pointed director is made to follow the track of the contracted canal, and the stricture divided thereon by a narrow bistoury.

After the urethra is opened, and the lips of the wound, together with the mucous membrane, are separated, the position of the staff may be reversed, its point turned out through the external opening, and used to draw forward, fix, and steady the urethra, while the director is being guided along its upper wall.—[Mr. C. G. Wheelhouse.]

When it is difficult to distinguish the urethra from a fistulous passage, pressure upon the hypogastric region will—when the bladder is full—sometimes cause the urine to flow through the contracted orifice, and thus indicate the true course of the canal.

It is maintained that, in certain cases, where—in consequence of much thickening and induration of the perinæum from abscess and fistula—it is extremely difficult to follow the course of the urethra from before backward, the urethra may—after the superficial parts have been divided—to be opened behind the stricture, a curved probe, or director, passed along the canal forward, to meet the grooved staff which has been introduced from the meatus. This accomplished, the strictured part may be divided either from before backward, or from behind forward. The dilatation which often exists behind old strictures—especially when distended with urine—will afford the operator a valuable guide to the urethra. But if this pathological landmark does not exist, the operation becomes quite uncertain.

When rupture of the canal has occurred from a fall or blow upon the perinæum, the patient should avoid making efforts at micturition until a full sized catheter has been introduced, the object being to prevent extravasation. If catheterization is for the time difficult, the retention is relieved by aspiration. If, however, urinary infiltration has already taken place,external perineal urethrotomy should be performed without delay. Transverse wounds of the urethra, the result of blows upon the perinæum, rapidly develope into strictures, and, when formed, are usually tight, resilient, and often very irritable ; the most gentle manipulation exciting disagreeable constitutional disturbances. These are the reasons which render traumatic strictures incapable of cure by dilatation, and why external urethrotomy is often the only reliable procedure. Nothing can be gained, therefore, by waiting. Sooner or later a stricture will form at the site of the injury, which will probably necessitate external perineal urethrotomy. If, therefore, extravasation exists, let the fluid escape by the radical operation.

A perineal abscess, in connection with retention, does not necessarily imply ulceration of the urethra and extravasation of urine. These abscesses are often the result of inflammation of structures contiguous to the urethra. If an abscess exists in the perinæum associated with difficult micturition, the sooner it is opened the better. It should always be evacuated before the instruments are introduced into the urethra, otherwise a urethral communication may be made with the abscess. Furthermore, after the abscess is opened, catheterization will often be unnecessary. We have seen several instances of extra-urethral abscesses, which induced great difficulty in micturition, at once relieved by the evacuation of the pus.

It is a remarkable fact that, in some cases, the urethra will bear with impunity quite rough manipulation, while in others the most gentle instrumental interference is resented by severe constitutional symptoms. Mr. Paget has known death to follow simple sounding for stone, in six cases. Sir Henry Thompson has, on several occasions, observed suppression of urine, rapidly followed by death, to result from the introduction of an instrument larger than the patient was accustomed to. If such results obtain from simple irritation of the urethral mucous membrane without injury to its structure, we can easily account for the frequent occurrence of urethral fever after an operation. The phenomena upon which urethral fever depends is a matter scarcely relavent to the subject at present under consideration, but we wish to lay down a few points in regard to its prevention, which is not sufficiently appreciated :—

1. The patient should be prepared for the operation. The advantages derived from rest, hot hip-baths, opium, regulation of bowels, and the administration of mucilaginous drinks to render the urine unirritating for a few days preceding an operation, cannot be over-estimated. If the patient has been suffering the pains of retention for many hours or days, he will run less risk of urethral fever, if absolute relief is afforded him by aspiration for some time before the operation.

2. The first act of micturition following the operation often excites the first unpleasant symptoms. For this reason, the bladder should be emptied before the operation. This is effected by attaching a small silver catheter to the guide, which, having served its purpose, is replaced by the urethrotome or divulsor, and the operation completed. Afterward, the patient should avoid passing water as long as he can without discomfort.

3. Instruments should not be introduced too soon after the operation ; pain and considerable irritation are produced without a corresponding amount of benefit being derived. Instru-

mentation can safely be deferred until all constitutional symptoms have subsided.

Retention sometimes recurs after the stricture has been cut or divulsed, the muscular fibres of the bladder having become atonied by the previous over-stretching. Under such circumstances we would prefer to empty the bladder by the capillary puncture and aspirator, rather than pass an instrument too soon.

In attempting to relieve retention by catheterization in prostatic enlargement, it is essential to bear in mind that, owing to the various forms which the enlargement may assume, viz: unilateral, bilateral, general, or by special enlargment of the middle lobe, the urethra is encroached upon in different ways, and the canal will be rendered tortuous in various directions. When the enlargement is confined to one of the lateral lobes, the urethra will be deflected on the other side. If both sides are equally enlarged, the prostatic urethra will be deepened and flattened in the vertical direction, but not deflected to either side. If, again, the middle lobe be enlarged, the urethra is lengthened and increased in curvature.

Thus, success in catheterization will depend—1. Upon the selection of a proper instrument; and—2. Upon the patience gentleness, and lightness of hand, which are exercised. It should be remembered that the design is not to overcome or go *through* the obstruction, but to evade or pass it. A frequent source of failure in relieving retention from prostatic enlargement with the ordinary silver catheter, is the fact that the neck of the bladder is often considerably elongated, and the instrument being of insufficient length, does not reach the viscus. A prostatic catheter should be longer and (if a curved instrument is used) its curvature greater, than the ordinary strument, to enable its point to mount over the projection which almost always is behind the urethra, and which alters the normal curve of this canal by pushing it upward and forward. The over-curved English flexible catheter is accordingly often a most serviceable instrument; being usually of sufficient length, it possesses an advantage over the metallic instrument in being flexible. By tilting its point over the enlargement with the finger *per rectum*, the passage of the instrument is facilitated.

We shall not consume space in the description of the great variety of prostatic catheters which have from time to time found favor, or in analyzing their relative value. Some of them, no doubt, possess certain advantages adapting them to special cases. But in the majority of instances the French bulbous-pointed, tapering catheter answers every purpose, and is preferable to all metallic, or even English flexible instruments. Indeed, the more flexible the instrument the more readily does it follow the course of a tortuous canal and ride over any obstruction which it may encounter, and from which ever side of the urethra it may project.

We have stated that over-distention of the bladder often occurs insiduously and imperceptibly, but retention may occur quite suddenly in those who have never previously had retention, or any considerable difficulty in micturition. A slight degree of over-distention is often sufficient to render the bladder incapable of overcoming the obstruction of an enlarged prostate, and produce retention. We might record instances of prostatic obstruction in which permanent atony of the bladder resulted from once neglecting to attend to the inclination to micturate. Congestion of an enlarged prostate from an exposure to cold, free indulgence in spirituous drinks, etc., is also often the cause of sudden retention, in which case aspiration, the hot hip-bath, and opium, will allay the congestion and relieve the tenesmus.

The severity of the symptoms will depend more upon the character than upon the degree of enlargement. While the prostate may attain to a very considerable size (eccentric or peripheral hypertrophy) without causing much of any inconvenience, a very slight enlargement, as when the median portion is affected (centric hypertrophy,) is sometimes sufficient to completely obstruct the flow of urine and produce symptoms most distressing.

The following two cases, reported by Mr. Richard Quain, F. R. S., (*Medical Times and Gazette*, May 18 and June 1, 1872,) besides being highly instructive, admirably illustrate the fact just mentioned :—

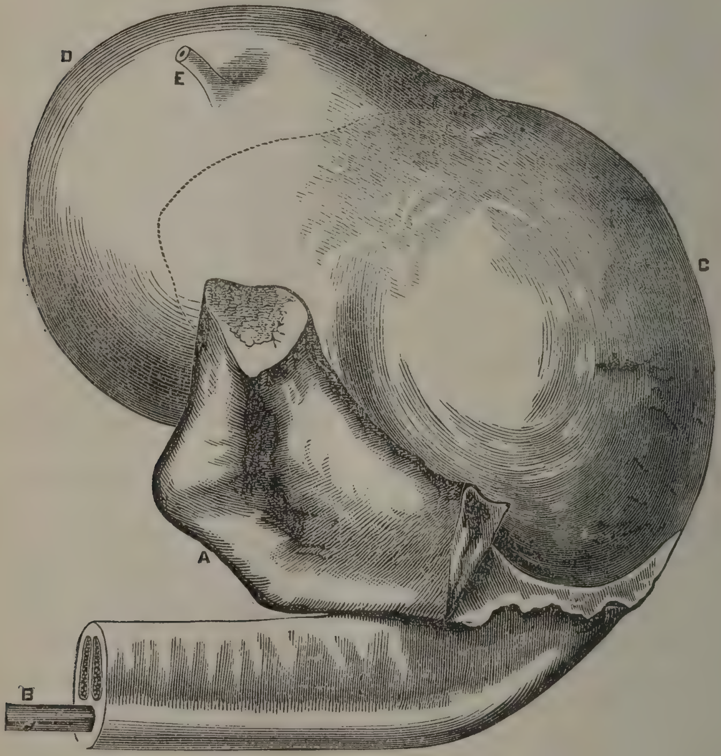
CASE I.—*This Case illustrates some Peculiarities in the Evacuation of Urine and in the Passage of a Catheter, which resulted from an Unusual Condition of the Prostate Gland, with a Corresponding Change in the Urethra and the Urinary Bladder.*

Mr. M. first suffered retention of urine in consequence of overstaying the desire to evacuate in a journey by railway. He was at that time fifty-eight years of age. It was ten years later that I first saw him. He applied to me to be relieved of an attack of retention. He was suffering extreme distress. From that period and up to his death, thirteen years afterward, this gentleman visited me frequently for the same purpose. He sometimes applied to me at short intervals, but he was once, during my knowledge of him, as long as fifteen months without suffering inconvenience or needing assistance. The disability to pass urine always arose from the same cause—namely, overstaying the inclination to pass it, or overstaying the usual time of evacuation. The visits to me occurred, with very rare exceptions, during the night—most frequently about two or three o'clock in the morning, occasionally as late as six o'clock ; very infrequently during the day-time. The common interval between the times of passing water was 2 or 2½ hours. When that time happened to be prolonged in any considerable degree, the inability to evacuate occurred.—The delay was easily avoided in the daytime—the waking hours ; but at night the insensibility of sound sleep would now and then carry the patient over the proper margin of time. That was the common, if not the invariable, cause of seizure.

Having, at his first visit to me, noticed a peculiarity in the position of the urinary canal, and perhaps having made a remark about it, I learned that Mr. M. had previously sought the aid of other surgeons. He said that he had suffered much pain and had lost blood whenever the instrument was passed. While the attack of disability to empty the bladder lasted, the suffering of this gentlemen was intense. That it was so, was evident from his strong expression of pain, and from his extreme anxiety to obtain relief in the shortest time possible. From apprehension of recurrence of suffering, with the knowledge that it might recur any night, Mr. M. when quite well, was in the habit, during those many years, of making arrangements, often very ingenious, to secure access to relief in the speediest way.

When I first saw Mr. M., I wished him to use the catheter himself ;—but he absolutely refused to make a trial, from fear that he must fail, and that he might do mischief on account of a degree of clumsiness of his fingers, which were partially stiffened by slight attacks of rheumatism.—He had, besides, from former experience, a fear of any new trial, whether by himself or any one else. At length, however, on an occasion that I proposed to be away from home—farther away, and for a longer time than usual—he made the attempt, and he succeeded, with little more direction than is required in common cases. Thereafter I saw nothing of this gentleman until he had an attack of general illness. He passed the eighty-first year of his age in good health, when he had a severe attack of idiopathic erysipelas. After that illness had passed away, he sank from exhaustion, owing apparently to inability to take food of any kind.

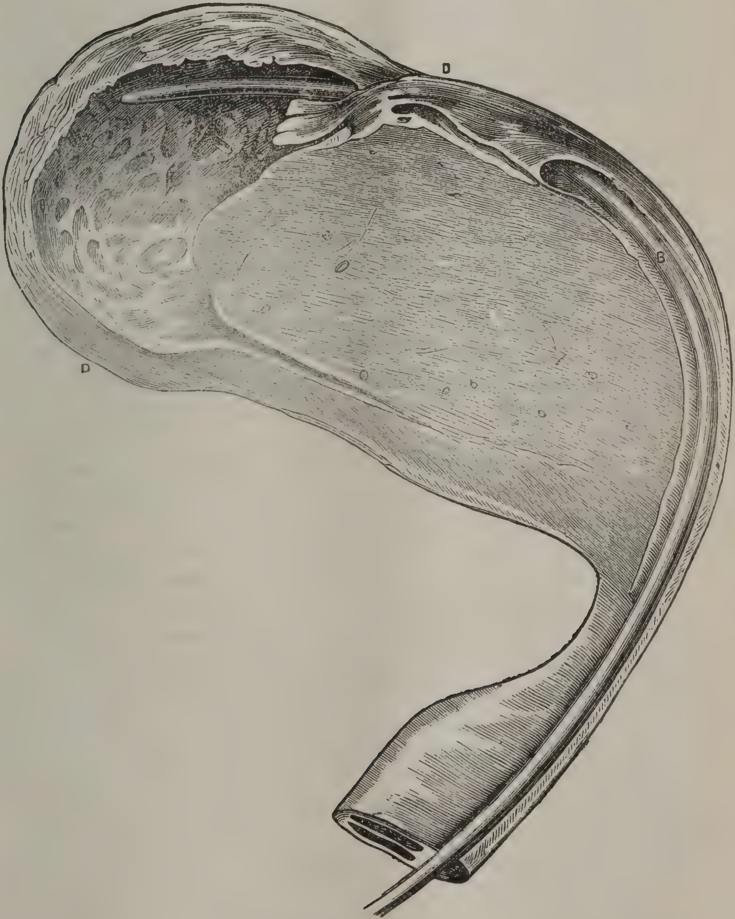
Fig. 2.



The pubic bones, with the urinary bladder, the prostate and a portion of the penis as seen from the left side. A, the symphysis of the pubes; B, bougie in the urethra; C, the back part of the enlarged prostate. None of the gland projects in the form of lateral or posterior lobes. The place of the upper end of the prostatic tumor is represented by a dotted curved line. D, the top of the bladder; E, the left ureter.

The examination after death, in so far as concerns our purpose, gave the following results ; in the place of the urinary bladder at the fore part of the pelvis was a large mass, for the most part solid, which extended some way above the pubes (Fig. 2.) This was, in fact, the urinary bladder filled in great part with a firm tumor. The tumor itself was in part above the pubes—in the abdomen therefore. A section of the whole hav-

Fig. 3.



A vertical section in the middle of the parts represented in the preceding figure, the bones omitted. The letters as in Fig. 2. A part of one vesicula seminalis exists in the preparation opposite the lower end of the structure that covers the bougie.

ing been made (Fig. 3,) the tumor was found to be the prostate gland enlarged, in an unusual position—above the urethra instead of below it, as is common. The upper end of the enlarged prostate is seen to be conical (Figs. 2 and 3—so formed that urine would necessarily glide from it toward the urethra, unimpeded by the gland or any part of it. The lower part of the prostate (lateral lobes and the middle one) is represented by a thin layer of glandular substance mixed with muscular fibres. This is as in the ordinary condition, continuous with the anterior part of the gland.

The urinary bladder was free to contain urine only in part. The bladder proper of the case was wholly in the abdomen, or very nearly (Fig. 2.) There was no dependent part (fundus) behind the opening into the urethra (Fig. 3,) as is usual in the adult, and is especially well marked in advanced age.

The urethra—in which a bougie has been placed by the dissector—continues from the back part of the bladder, instead of being at the fore part of that cavity. From this, the natural position, it was doubtless pressed away during the growth of the anterior tumor. The free course of the canal was not as may be noticed, impeded by any obstruction, either by the prostate or any other structure.

The points of greatest interest in the foregoing case may be shortly stated as follows: The power to evacuate urine remained entire, except at intervals. All through the long series of years during which Mr. M. was liable to (and at intervals suffered from) retention, the inability to pass urine did not continue beyond the single seizure; insomuch that, after relief once given, the inability did not return except after a certain space of time—several days, or weeks, or even months. On no more than two occasions during thirteen years was it necessary to resort to the use of a catheter a second time—not once a third time—on the same day; and even then the bladder had evacuated its contents spontaneously several times before the return of retention. Thus the recovery was complete each time after the single act of assistance; and so it was to the end.

Again, there was no indication, throughout the whole history of the case, that any urine remained after the spontaneous evacuation. Nor was there an indication that the kidneys or other part of the urinary organs were otherwise than healthy. The general health too was unimpaired, except in so far as occasional slight rheumatism was concerned.

The question occurs, Whence arose the delay and difficulty which, according to Mr. M.'s statement, had at first been experienced in the use of the catheter? The answer must, I think be this:—The urethra was not in the usual position. Commonly, in aged men suffering from retention of urine, that canal near its vesicle end is raised above or in front of the place natural in previous life; for commonly—indeed, in my experieence, almost invariably—the enlargement of the prostate which obstructs or interferes with the freedom of the flow of urine occurs in the part of the gland beneath or behind the urethra—between it and the rectum. Hence the surgeon expects that the point of his instrument, when it approaches the bladder and is arrested in its course onward, should be raised toward the pubes. Every tyro is familiar with the expedients carefully described in elementary treatises, which help to overcome the impediments arising from the usual cause—viz, the tumors behind the urethra. But, in the case before us,the urethra was not raised or pushed forward. On the contrary, it was behind its usual position-- was pressed backward, the enlargement of the prostate being before the canal. The difficulty then and delay, and loss of blood stated to have occurred in passing the catheter, arose, I apprehend, from the efforts to find the urethra in the accustomed place of aged persons affected with retention of urine.

CASE II.—*Continued Suffering and Extensive Disease of the Urinary Organs, resulting from Difficult and Imperfect Evacuation of Urine.*

Mr. R. aged seventy years, whom I saw with Mr. Jakins, told the story of his malady in a written statement which he had prepared for me. A few extracts may be usefully made: " Nearly four years ago, at Scarborough, I drank three or four tumblers a day of the water of a well there, and sometimes kept it too long. A difficulty in passing water came on, and I could not refrain from passing it for more than two hours at a time. I underwent (elsewhere) tn the same year a course of medical treatment, taking many medicines—the last steel. From this, as well as from other medicines, I derived no benefit. Then I had hip-baths at 80°. After that time a catheter was passed (once,) and a full pint of urine was drawn off. Three years later I went to a hydropathic establishment," the patient continues; " there the steam-bath, packing, and mustard-plasters were used; and I had more than anything tepid baths, which were occasionally run down to cold. . . . . . But after three months' persevering I was better."

When I first saw him, Mr. R. stated that for nearly four years he had to get out of bed not less than five times every night in order to pass water; and that in the daytime the intervals between the periods of evacuations have been one hour—sometimes two hours. He complains that " he is slow to begin, and has to make efforts, when, at times, a stream will come."

He expresses himself much weakened and depressed by his long-continued illness and suffering. He appears so, and upon examination he proves to be so. About a pint and a half of urine is passed daily by voluntary effort; " but a good deal," (patient believes,) "remains behind each time."

A considerable quantity being found with the catheter to remain after the natural evacuation, it was determined to empty the bladder at short intervals. The patient after having made a trial or two, in which some blood appeared, declined to pass the instrument again for himself; but he came every morning or evening some distance to attain what he had found to be a great relief and comfort. The urine was at first pale and opaque —not offensive—but afforded evidence of deep organic change of the kidney in the form of abundant casts of tubes. Soon after pus was also found. Under an acute attack—pyelitis—the patient sank, four years after a urinary complaint was first recognized by himself.

Fig. 4.

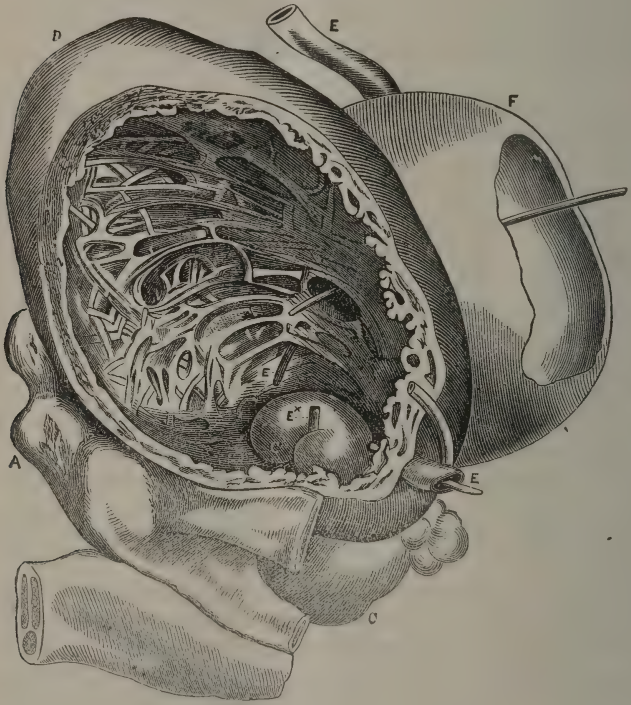


Fig. 4—A, pubic bones; C, prostate, without and within the bladder; D, urinary bladder;—E, ureters; F, sac.

The condition of the urinary organs was ascertained to be as follows: Both the kidneys, much diminished in size, shrunk, were leather-like to the feel. The pelves of both and their divisions were largely dilated and thickened, and smeared with pus. The ureters likewise were dilated and thickened. The bladder, unnaturally capacious, was in the recent state partly divided into nearly two equal portions—upper and lower—by a transverse constriction. This appearance is effaced in the preparation. A dependent part behind drops from the fundus deeply below the level of the orifice of the urethra ; and that dependent part is further deepened by a projection from the prostate. The muscular fibres, much hypertrophied, project in bundles prominently inward. A sac of considerable size has been formed behind, its orifice being near that of the right ureter. The bladder is thus, as stated in the catalogue, "fasciculated and sacculated." (*See* Fig. 4.)

The prostate is generally enlarged, but not immoderately so, with the exception of the middle lobe. From it a semi-circular outgrowth projects into the bladder at the vesical orifice of the urethra, which it surrounds. (Fig. 4, C and E.)

The crescentic outgrowth of the middle lobe was found, by the microscopical observation of Mr. Goodhart, to be "made up of fibrous tissue, condensed connective tissue, and gland-structure apparently healthy, but in small quantity." Mr. Goodhart adds : "I think, also, muscular fibre-cells are present, but the parts are so shriveled that one cannot be certain."

The Figure 4 was drawn by Mr. Ford, from the preparation 1982A in the Museum of the College of Surgeons, to which I presented it soon after removal. The bladder is opened on the left side ; the pubic bones are below it, with part of the penis ; the sac behind. This is laid open.—The enlarged prominent muscular structure of the bladder is represented. The prostate is shown behind the pubes, with a vesicula seminalis at its back part. The crescentic outgrowth of the middle lobe is seen to encircle a black point E^x, which reaches into the orifice of the urethra. Four points of probes or of whalebone indicate the positions respectively of the ureters, the urethra, and the sac.

In order to arrive at the indications of the treatment of such a case as the foregoing, it is necessary to trace the sequence of events in the series of morbid changes which has been set forth. As regards the urinary bladder ; after the continued formation of an increased quantity of urine—the result of large daily draughts of mineral water—there occurred frequent need for the evacuation, together with difficulty in attaining the object ; and, in consequence, forcing efforts to overcome the difficulty supervened. The discharge of urine being effected as far as was possible, there still remained the feeling "that a good deal remained behind." The obstacle to the free passage of urine was obviously the valvular effect of the outgrowth from the middle lobe of the prostate ; and that outgrowth, as it has been already stated, besides obstructing the flow of urine. had another evil effect—it contributed to the detention of urine in the bladder, by deepening its fundus. To the forced action of the bladder the thickened and prominent condition (hypertrophy) of the muscular structure was owing.

With a view to practical conclusions respecting the case of Mr. R., (*Case II.*) I would now now compare or contrast it with that of Mr. M. (*Case I.*) While the source of all the suffering that existed in both was caused by hypertrophy of the same structure, analysis of the leading facts shows, as regards the first case, that there was an absence of suffering except at intervals; that the general health was not impaired; that the duration of life was not abridged; and that all this was so because the prostate, notwithstanding its large size, did not interfere with the functions of any part of the urinary organs, and specially as applying to our present subject, did not interfere with the facility (except at intervals,) and completeness of the urinary evacuation. While, on the contrary, in *Case II*, though the part primarily affected was less augmented in size than in the case just noticed, suffering soon came to be almost constant; the general health was rapidly impaired; death occurred in four years from the first manifestation of local inconvenience, and was the direct result of disease of the urinary organs; the whole train of evils having been caused by unceasing difficulty in effecting the evacuation of urine and the continued incompleteness of the evacuation occasioned by the hypertrophied gland.

The presence of an instrument in the bladder is always more or less a source of irritation, but,as it sometimes becomes necessary to select the least of two evils, the retention of a catheter for a few days occasionally to be preferred to the repeated introduction of an instrument, especially if the latter is attended with difficulty, or the patient is at an inconvenient distance from the surgeon. A "retention catheter," to afford the maximum of benefit while it creates the minimum of irritation, should possess the following features:—

1. Greater flexibility than the ordinary flexible catheter.
2. The means by which the catheter is retained should not be within the bladder, but in the anterior portion of the urethra.

These desiderata are more nearly attained by Mr. Jonathan Hutchinson's instrument than by any other with which we are familiar. (Fig. *K*.)

The " Nelaton catheter" is another instrument not sufficiently known here. Its softness, high finish, and *great* flexibility, render it eminently suitable for the purpose just indicated.—

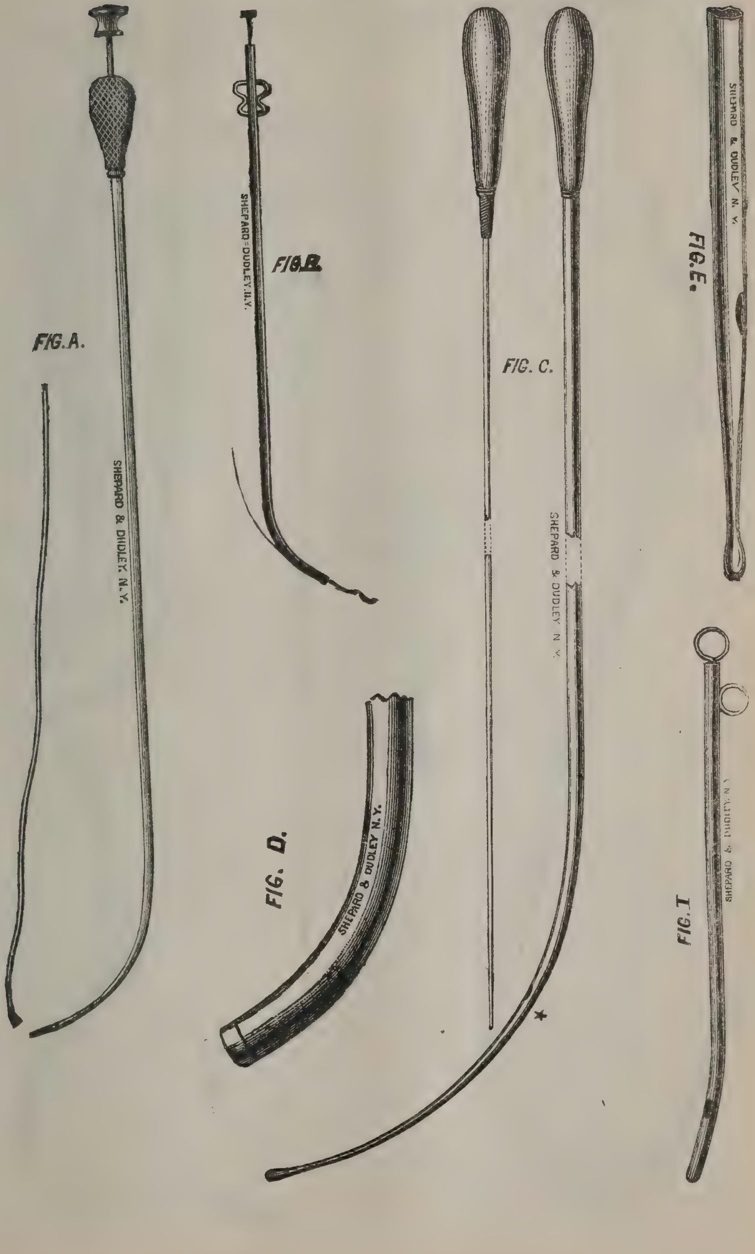


FIG. A.
SHEPARD & DUDLEY N.Y.
FIG. B.
SHEPARD & DUDLEY N.Y.
FIG. C.
SHEPARD & DUDLEY N.Y.
FIG. D.
SHEPARD & DUDLEY N.Y.
FIG. E.
SHEPARD & DUDLEY N.Y.
FIG. T
SHEPARD & DUDLEY N.Y.

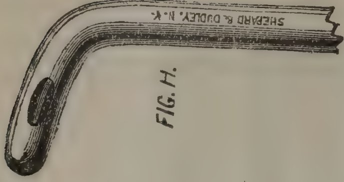


FIG. H.

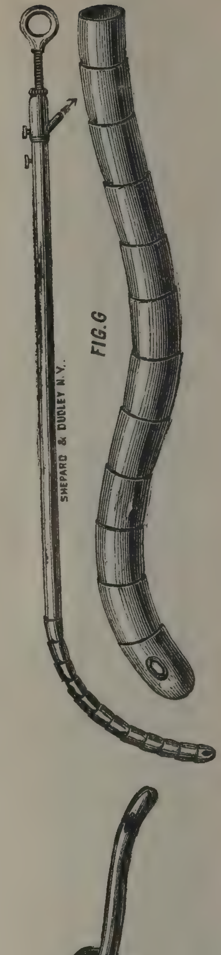


FIG. G

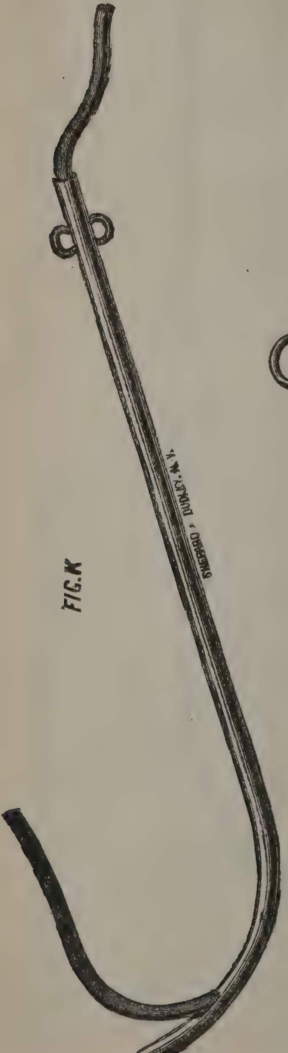
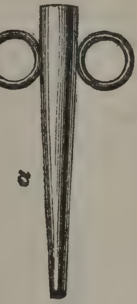
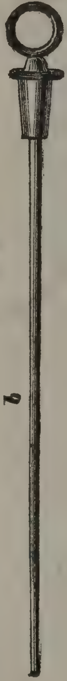


FIG. K



a



b

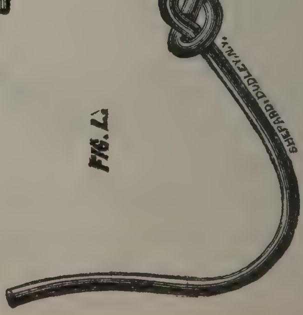
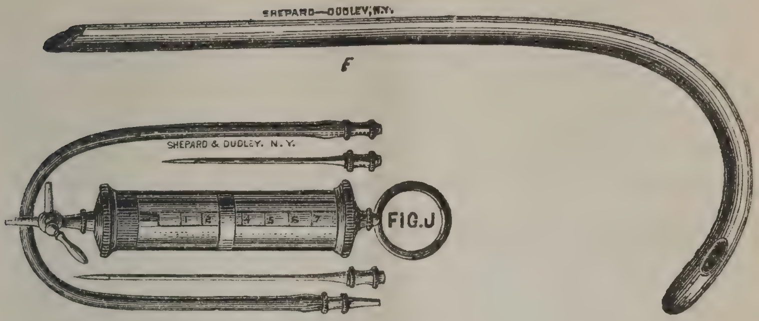


FIG. L



On account of its extreme flexibility, it has to be introduced by a series of sudden pushes, or, if that fails, it is mounted on a stylet of the proper curve. We believe that it is worn with less discomfort than the ordinary flexible catheters.

We suggest the following list of instruments as constituting a compact and complete "retention case":—

Ten filiform whalebone guides, variously bent and twisted at their extremities.

Ten filiform gum guides, with screw-heads to fit.

Silver catheter, No. 7, French. (Fig. *A*.)

Tunneled catheter, No. 7, French. (Fig. *B*.)

Thompson's probe-pointed catheter. (Fig. *C*.)

Catheter with short beak open at its extremity, with obturator. (Fig. *D*.)

Ten French olivary gum catheters, of various sizes. (Fig. *E*.)

Four over-curved English gum catheters, Fig. *F*, kept mounted on a stylet (different curvatures.) It is especially important that the last inch of these instruments is well curved.

Vertebrated catheter. (Fig. *G*.)

Prostatic catheter of Mercier, "Sondie Condie." (Fig. *H*.)

Female catheter. (Fig. *I*.)

Dieulafoy's small aspirator. (Fig. *J*.)

Mr. Hutchinson's "retention catheter" (Fig. *K*.) consists of a silver prostatic catheter (which may be used as an ordinary catheter,) with a large eye in its concavity a short distance from the end. This is introduced into the bladder, and thro' it a piece of soft and extremely flexible India-rubber tubing or catheter. A stylet is now tied to the outer end of the rubber, so that the latter may be kept in position while the conducting catheter is removed. This effected, a small metallic nozzle (*a*) with rings is passed about three-quarters of an inch into the end of the rubber catheter to allow of its being fixed to the penis, and a styleted plug (*b*) one-and-a-half inch in length is fitted thereto. This latter serves not only the purpose of a plug, but stiffens the first two inches of the tube, and thus constitute the means which prevents the expulsion of the instrument from the bladder.

Nelaton's catheter. (Fig. *L*.)

The "retention case" is furnished by Messrs. Shepard & Dudley.

DRAINAGE IN OBSTINATE CHRONIC INFLAMMATION OF THE BLADDER.—The *Virginia Medical Monthly* says: Dr. Hunter McGuire reports a case of "chronic inflammation, and probably ulceration of the bladder," of eight years' duration successfully treated by drainage; but instead of effecting this by opening the vesico-vaginal septum, as done by Simpson, Emmet, and Parvin, he introduced a piece of India-rubber tubing, the portion of which to be introduced into the bladder was perforated by a shoemaker's punch, with holes half-an-inch apart. A straight silver tube was first passed into the bladder, and the tubing introduced through it; the silver tube was then withdrawn, and the caoutchouc one secured in place, and the free end put into a bottle to catch the urine. A vaginal suppository of Morphia and Belladonna was introduced. The catheter was removed and cleaned, and a new one substituted whenever necessary, and the vaginal suppository was also repeated every twelve hours. Afterwards, Dr. McGuire substituted a large silver catheter, nearly straight with a large vesical opening for the India-rubber tube. At the end of six weeks an India-rubber bag was attached to the free end of the catheter so as to allow the patient to get up and walk about. This treatment was continued for four months, when the tube was removed from the bladder. There was for sometime afterwards incontinence of urine, but the bladder gradually regained its healthy power; and eight months after the commencement of the treatment the patient could retain her urine for about three hours, and void it without pain; and, except the increased frequency of micturition which was growing less, the patient was reported to be well.

Gynæcology.

W. H. BLAKELEY, M. D., BOWLING GREEN, KY., EDITOR.

HYDROMETRA—DROPSY OF THE WOMB.*

Dropsy of the womb may be considered under three varieties.

1st. That form which occurs independent of the pregnant state.

The symptoms which are presented by this condition are:—those of indigestion, of nausea and vomiting, flatulence, a constant stillicidium or oozing of serous fluid from the vagina, or its occasional escape in gushes; weight and tension in the pelvis, pain and costiveness, many of the signs of pregnancy, and perhaps slow fever.

The menses, should they not be obstructed, are pale and watery; or if a sufficient closure of the os uteri have taken place from accidental causes, such as adhesive inflammation or hardened mucus, as occurs in pregnancy, the fluid may be retained in the cavity of the uterus. It may be connected with hydatids, or some other disease of the uterine lining, with growths or excresences about the os and cervix, or it may occur without the presence of hydatids, as some authors believe, although Denman and others deny its possibility. In either case, however, if the patient be carefully examined, and it be quite certain that pregnancy does not exist, the fluid may be let out of the womb through the os uteri, by means of a catheter, or some such suitable instrument. This, however, is but a temporary expedient; the re-collection of the fluid must be prevented by remedies which are capable of removing the symptoms of disturbed health, and rectifying the morbid condition of the system upon which the abnormal secretion depends.

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* LEADAM on Diseases of Women—see notice in this number.

2nd and 3d. The other two varieties of hydrometra are connected with pregnancy. In the one, the fluid is collected between the membranes of the ovum and of the uterus; as the other, it is an excess of the liquor amnii itself.

The former of these may result from the same pathological condition of the uterus or its lining, as has been stated above, aud although coexisting with pregnancy, may, in reality, have no connection with it as to cause and effect. The latter, however, has been supposed to depend upon an inflammatory condition of the ovum, or its enveloping membrane, from the vascular condition of the membrane and the inflammatory redness which has been observed in some cases after death.

It is not very easy to ascertain the existence of hydrometra during pregnancy. But if it be present, the abdomen is found to enlarge more rapidly than usually in that state, after the first months, as is likewise the case with hydatids; the lower extremities, and even the face and hands, are sometimes œdematous; the ballottement of the fœtus is felt *per vaginam* and by percussion of the abdomen; the patient experiences great debility, and all the inconveniences which accompany so great a volume of the abdomen; difficulty in walking, and a great sense of oppression, which causes her to pass her nights in a chair. It is impossible to tell beforehand whether the effusion is within or without the membranes.

A lady, pregnant with her fifth child, of delicate lymphatic temperament, suffered much from excessive vomitings during the earlier months, after which her size was greater than usual, from which twins were anticipated. At the seventh month pains occurred, with the discharge of a quantity of clear fluid per vaginam; the pains however subsided, her legs and feet became excessively œdematous, there was cough, and constipation; labor came on a fortnight before the expected period, by the sudden discharge of the liquor amnii in a proper quantity without pain, just as she was preparing to go to bed.— The pains, however, soon followed; the labor was gradual, no more liquor amnii escaped until after the birth of the child; the bed was then inundated by the discharge of a quantity of yellowish curdly fluid, which preceded the expulsion of the placenta.

The causes of hydrometra are those common to all dropsies; of which lymphatic temperament, losses of blood, frequent parturition, great fatigue, a sedentary life, privations, living in humid situations, and moral affections, especially misfortunes, are the most ordinary.

The prognosis is favorable to the mother, but often the disease is destructive to the life of the infant, especially when the dropsy is developed several months before the termination of pregnancy, when the excessive distension of the uterus may induce contractions, and the consequent expulsion of its contents before the normal period; when, even, parturition occurs at the usual time, the infant is mostly pale and very feeble.

There is also another kind of serous exudation from the womb, which I have met with two or three times, and which occurs a few days after delivery. There is, in the place of the lochia, a profuse watery discharge complained of, which soaks through everything. It appears at the time that the color of the lochia changes, and is at first like dirty water, and in a day or two becomes clear. It seems to be a simple weeping of the uterine vessels, which do not allow the passage of the grosser parts of the blood, the place of which is occupied by the excess of serum. It usually occurs in lymphatic, relaxed, and languid subjects; and in two of the cases which came under my observation, there had been previous hæmorrhage at the time of the delivery, in consequence of a want of contractile power in the uterus. This was speedily cured by *Secale*, followed by remedies that improved the general health.

TREATMENT.

Homœopathy affords more efficacious treatment in this disease than the old system of medicine. After having remedied any hygienic errors which may be found, the previous conditions of the patient, together with the symptoms which prevail apart from the actual abdominal enlargement must be carefully examined, and that medicine should be chosen which is best adapted to them.

In the commencement, if the disease has been produced by grief, *Ignatia* should be exhibited ; if it has been the effect of misfortune and want of nourishment, *China;* if the abdominal swelling is attended by frequent desire to urinate, constipation, difficult digestion,vomitings of food,*Nux vomica;* if, together with these symptoms,there is a relaxed state of the bowels, *Pulsatilla ;* and *Sulphur*, if the medicines do not produce the effect desired : *Aconite* will be given with advantage in alternation with the medicines just indicated at the commencement of the disease. When hydrometra is accompanied in its more advanced stage, with œdema and a sense of suffocation, so as not to be able to lie down in bed, *Arsenicum* will be found of the greatest advantage. In this state, also, the *Apis* may be tried. Under the influence of *Arsenicum*, a woman in the sixth month of pregnancy, with œdema of the extremities, and who was forced to pass whole nights upon a chair, with scanty and thick urine, &c., progressed most favorably ; the symptoms diminished by degrees, respiration became more easy, so as to permit her to pass her nights in bed, labor came on at the proper period ; and the child, although delicate, has lived. In this period of the disease *Sulphur* is also indicated, and may be alternated with the medicines we have before quoted.

Calcarea may also be useful in restoring the general health ; *Sambucus* for the relief of the dropsical effusion, *Sepia*, *Secale*, *Phosphorus*, and *Sulphur*, correspond to many of the conditions which characterise the different forms of the disease.

A CASE OF ACUTE OVARITIS.

W. A. EDMONDS, M. D., MEMPHIS, TENN.

Mrs. B., aged 35—German nativity—large robust person—married, mother of four children—usually healthy, laborious and active habits—light hair, fair skin, blue eyes ; was confined to her bed from a group of violent local and constitutional symptoms, which the allopathic physician in attendance diagnosed as " intermittent, with some uterine trouble." Under such diagnosis she got the usual routine treatment for about a week, without relief. The physician in attendance was dismissed and the case placed under my charge—I found the following symptoms :—

Violent fever ; great expressions of anguish and distress about the face ; excruciating pain in the right iliac region, with much tenderness, and a well marked circumscribed swelling in the same locality ; there was much vaginal discharge, but not uniform as to time or quantity.

Diagnosis : acute ovaritis.

For a period of four or five days I gave my patient in turn the diligent use of such remedies as Aconite, Belladonna, Pulsatilla, Macrotin, etc., with little or no better results than had been attained by my predecessor in the case. At this stage of the affair my patient joined her husband in an imperative demand for a " blister" over the affected region. Finding argument and resistance to their wish fruitless, I gathered up my offended professional dignity and went away in somewhat of a *huff*, telling them that they could take the responsibility of doing as they pleased. They assured me, as I left the house, that in a similar sickness, three or four years ago, the physician in charge had utterly failed to relieve the case till he applied a " blister"—which was followed by prompt relief.

My patient got her Cantharides plaster applied about 6 P.M. At 10 A. M. next day, I concluded to look in and see what might be the state of affairs. I found very free vesication of the skin over the inflamed part, and to my utter surprise the patient seeming very comfortable—*indeed, almost well.* She rapidly recovered sleep, appetite, strength, and got out of bed in two days after a ten days violent illness—the *whole* relief seeming attributable to a *Cantharides plaster !*

Now the inquiry of practical importance in this case is—was the cure obtained upon the principle of "counter irritation" and " local depletion"; or by the introduction of Cantharis through the skin into the system, which proving to be *similar* to the symptoms effected the cure *homœopathically?*—In other words, had I given my patient Cantharis properly attenuated four or five days prior to the "blister," might I not just as certainly have relieved my patient and thereby saved her much delay and suffering, and myself much humiliation and loss of reputation?

From my particular friend and neighbor, Dr. J. R. Allen, I learn that he once had a case of involuntary or accidental cure somewhat similar to mine. He had a case of acute ovaritis complicated with stranguary; he gave Cantharis for the stranguary, and had the happiness to relieve both stranguary and ovaritis promptly and simultaneously.

I have not had time to examine the provings and literature of the profession on the subject. *Is Cantharis trustworthy as one of the similars in the treatment of Acute Ovaritis?*

CASE OF RETROFLEXION OF THE GRAVID UTERUS REPLACED BY MEANS OF AN AIR PESSARY.

S. W., a married woman 44 years of age, the mother of eight children, was admitted into the King's College ward under the care of Dr. W. S. Playfair, on the 27th of December, 1873. She had ceased to menstruate for six months, and believes herself to be pregnant.

A month ago she noticed that in the morning she could only pass her water slowly and with difficulty. This symptom increased by degrees, until she was obliged to call in a practitioner, who passed a catheter every morning, until finding her water dribbling away one day, he discontinued its use. Since then she has been unable to empty her bladder, and being in great pain, applied at the Hospital for relief. On admission a large fluctuating tumor occupied the lower part of the abdomen, and reached above the umbilicus. This proved to be the distended bladder, and disappeared entirely after an immense quantity of urine had been drawn off. After this a firm swelling could be felt deep in the pelvis on paltation, which gave exceedingly well the alternate tension and relaxation which has been insisted on by Hicks as diagnostic of the pregnant uterus. Per vaginam the whole pelvis was filled by the globular mass of the retroflexed organ, and the os uteri was entirely out of reach and could not be felt. A full-sized Gariel's air pessary was introduced into the vagina at night, after the bladder had been emptied, and fully distended. The next morning the uterus was found to be in its normal position, the cervix low down and centrally placed, and all difficulty in micturition had ceased. A large-sized Hodge was introduced to keep the uterus in position, and the patient was discharged cured on the 30th of December, three days after admission.

Dr. Playfair remarked that this case was of considerable interest,inasmuch as it was the second case of retroflexion of the gravid uterus which had been in the Hospital within the past few years,in which continuous pressure by a distended air pessary in the vagina had proved effectual in relieving the accident. Dr. Barnes had quoted the former case in his work, and stated that he himself had failed in similar cases to effect reduction in this way, and he preferred the attempt to reduce the uterus at once by the hand. Dr. Playfair, therefore, was pleased to find a second opportunity of testing this plan so soon, and to have found it even more immediately successful than before, and in an uterus advanced to six months in pregnancy. He believed that it would always be preferable to give it a trial before manual reduction,for the steady long continuous pressure might, as in some cases of inverted uterus, succeed where stronger manual pressure failed, and it was certainly much less likely to prove injurious to the parts concerned.

CASE OF LARGE INTRA-UTERINE FIBROID:

CURE FOLLOWING SLOUGHING.

A. F., aged 41, unmarried, a cook and housekeeper was admitted into the King's College Ward on December 2nd, 1873, under the care of Dr. W. S. Playfair. She had been always in good health until a year previous to admission, since which time she had profuse hæmorrhage every three weeks, usually lasting eight to ten days at a time. In consequence of the repeated and excessive losses of blood she had gradually become greatly weakened and incapacitated from work. On examination a large firm tumor, ovoid in shape, and regular in outline, was found to occupy the lower and central part of the abdomen, reaching to the level of the umbilicus. Per vaginam this was made out to be uterine, the cervix being normal, and the os uteri closed. The cavity of the uterus was found by the sound to measure five-and-a-half inches. The case was diagnosed to be a fibroid tumor of the uterus, and with a view of ascertaining its seat and relations, in hopes that it might be polypoid and capable of removal, the cervix was dilated by laminaria bougies. On examining the patient under chloroform, it was found that the tumor grew from the posterior wall of the uterus, and that it projected into the cavity of the uterus, and that it was perfectly sessile, and showed no signs of commencing pediculation. As his patient was becoming rapidly exhausted from hæmorrhage, Dr. Playfair divided the cervix on either side, and made an incision one-and-a-half inches in length through the centre of the tumor, in the hope that this might have the effect of producing the hæmorrhage, and led to the partial protrusion of the tumor, so that it might be eventually enucleated. This was done on the 6th of December. From that date until the 16th the patient went on very well; no hæmorrhage had occurred in the interval. The next day she began to have an exceedingly offensive discharge, and on the 17th she passed, with great pain, a large sloughy piece of tissue, which was evidently a part of the tumor, which was sloughing and disintegrating.

From that day until Jan. 17th she passed daily similar pieces of varying size, and on one occasion the patient was put under chloroform and as much as possible of the tumor enucleated and removed by the hand. During all this time the uterine cavity was thoroughly washed out three or four times a day with a strong solution of Condy's fluid, to remove the excessive fetor of the discharge. No septic symptoms ever showed themselves, and on January the 23rd the patient was discharged cured, all trace of the tumor having disappeared, and the uterine cavity measuring only two-and-a-half inches.

Dr. Playfair remarked, that when he first saw the case he hoped that it would turn out to be one of intra-uterine fibroid polypus, capable of removal with the ecraseur. This, however, turned out not to be the case, and he resorted to the incision of the cervix and of the capsule of the tumor,not only in the hope of checking the hæmorrhage, which this procedure has often been found to do, but with the view of preparing the way for a future attempt at enucleation.

The case was one which would not admit of mere temporising, for the hæmorrhage was daily becoming worse and worse, and the patient's strength was being rapidly exhausted. The sloughing of the fibroid mass was, of course unexpected, but it was not without precedent, and it is not difficult to understand how it should occur in structures of such low vitality. The risk was, of course, from septicemia following the presence of this large mass of decomposing tissue in the uterine cavity, and he attributed the happy issue of the case to the care that was taken to prevent this, by the frequently repeated intra-uterine injections of antiseptic fluid.

The Diseases of Women Homœopathically Treated:

Second edition, by Thomas Leadam, M. D.—London, England, E.Gould & Son: Detroit, Lodge's Pharmacy—382 pp. 12mo, cloth $2.50.

The first edition of this work was highly prized by our American practitioners, and this second edition being thoroughly revised, and containing the results of twenty years practice in the London Homœopathic Hospital, will no doubt be warmly welcomed.

About one hundred and fifty remedies are referred to in the work. Attenuations generally recommended are the fifth of minerals and third of vegetables, but the thirtieth dilutions are also prescribed.

Of the new remedies attention is given to Aletris, Apocynum c., Caulophyllum, Cimicifuga, Collinsonia, Gelseminum, Helonias, Hydrastis, Senecio, and others.

As a sample of the author's style, we reprint the article on *Hydrometra* in the present number—see page 511.

CONGENITAL MALFORMATION OF THE COCCYX. The *Medical Record*, May 1st, says: Dr. Lewis A. Sayre exhibited to the N.Y. Patho. Society, (April 8, 1874) a portion of the os coccyx removed by operation from a young lady aged fourteen. The patient had a malformation of the bone in question since birth, which malformation consisted in a sharp projection backward. In consequence of this state of things she was unable to sit in an erect position except upon a soft cushion, and was even then obliged to lean forward in order to be comfortable. As she grew older the attempts to assume an erect posture would bring on attacks of chorea, and she was taken from school in consequence. On examination, the end of the coccyx was found projecting outwards and backwards, covered by a thin and shining layer of skin, which was so sensitive that the least touch was sufficient to produce choreic spasms. The operation for the removal of the malformation was performed by Dr. Sayre, and consisted in carefully dissecting up the periosteum and removing the projecting portion of bone. The wound healed kindly, and all the nervous symptoms have ceased.

VICARIOUS MENSTRUATION AT AN ADVANCED AGE.—*L' Union Medicale* says: Dr. Tueffard relates the case of a lady, aged fifty-six, in whom menstruation had ceased at the age of 50, without any disturbance of the health ensuing. Four years since she had a superficial ulceration of the os uteri, which soon yielded to treatment. In November, 1871, the breasts became large and firm, with projecting nipples, whence a fluid—at first serous, and then of a bloody color—was discharged. The discharge continued for eight days, when it gradually ceased, to reappear again in a month, accompanied with cephalalgia, loss of appetite, and swelling of the breasts. Down to the present time it has continued to reappear every month with almost an exact regularity, the patient being aware of its approach almost as surely as a young woman is that of her menses. During the intervals the breasts become again flaccid. There is no uterine disease, and in other respects her health is quite good.

THE DIAGNOSIS OF OVARIAN DROPSY FROM EXTRA-UTERINE PREGNANCY.—The *London Lancet* says: It is generally supposed that there is no more conclusive test of the ovarian dropsy than the linseed-tea-looking liquid which may be drawn off by an exploratory puncture. Mr. Hutchinson, however, relates a case in which this sign failed, and which proved to be one of extra-uterine gestation. The physical characters exactly resembled those of ovarian dropsy, except that both loins were resonant. In ovarian dropsy one loin is dull in percussion. To avoid such an error in future, he suggests that the patient should be made to support herself on the hands and knees, when the fœtus, if present, will fall to the lowest part, and can be recognized as a heavy solid body.

Materia Medica.

S. A. JONES, M. D., NEW YORK CITY. EDITOR.

EXPERIMENT WITH BRYONIA.

A FRAGMENTARY PROVING.

BY ELIAS C. PRICE, M. D., BALTIMORE, MD.

Having frequently noticed the sedative effects of the dilution of Bryonia on the pulse in the treatment of pneumonia, I conclnded to try what effect the tincture would have on my pulse when taken in a state of health. Though I obtained no decided effect on the pulse, I got something else which I did not anticipate, and which was decidedly more than I had bargained for—and what made matters worse, it was during the first year of my residence in the city, when I left my horse in the country, as I had decided "to foot it" the first year.

Aug. 1st, 1865. The prover is in comparative good health. Have a slight attack of chronic eczema of the scrotum, inside of the thighs, and breast. Had a severe attack of nettle rash some years ago; ever since, on my hands becoming chilled, or wet or cold, as by getting caught in a cold rain, or keeping them in cold water a long time, or on taking a very cold bath, the eruption would come out on the part exposed.

Dined at 2 o'clock. 3:40 P. M., pulse 94, took 30 drops tinc. Bryonia—4:15 pulse 87, 4:28 pulse 92, 4:40 pulse 87, 5:40, 82, 7:33, 74, considerably weaker and more compressible. Took supper at 7 P. M.; drank one cup of black tea, two goblets of cold water, ate bread and butter, tomatoes and peaches; 9:30 P. M., pulse 75, fuller and stronger.

Aug. 3d. Pulse at three different times since 4 P. M., has been 84. 8 P. M., took 40 drops θ; 8:30 P. M., pulse 85; 9 P. M., pulse 80.

Aug. 8th. Afternoon, pulse 80. Took 50 drops θ, very little change in the pulse, sometimes it would vary two beats in the minute, the next time I would count it would be up to 80 again. Always after taking the medicine, I would feel light, vigorous and active, or I might say supple. Not finding any great change I took no more medicine.

Aug. 13th. Pain behind and above the ear on left side of head. 14th—had a sore feeling near the middle of the tarsal bone of great toe, left foot, before getting up in the A. M.; on walking down to my office (about six squares) after breakfast, the foot became so painful in that region that I could scarcely walk; the further I walked the worse it got—I felt as if the ligaments had been sprained. I forgot that I had taken Bryonia, and supposed I was getting the rheumatism; I took a few globules Cauloph. 3d. it soon got better, the pain passed off with a comfortable sensation of burning very much like an injured part does "when it stops hurting."

On walking out about 11 A. M., the pain returned again, but was not so intense as in the morning, when it was so severe as to make me walk lame. This time it is also affected the right foot slightly in the same place for a short time; took Cauloph. again, when it again got better but it came back slightly at night.

Aug. 15th, 2 P. M. Pain quite severe, it now feels more like a bruise, the pain during the last hour has extended higher up the tendon, which is very tender to the touch, from an inch above the joint of the big toe up to the bend of the ankle; I took Cauloph. again this morning; shortly afterwards I remembered having taken the Bryonia. I examined Jahr's New Manual, where I found my symptoms pretty accurately described under Bryonia. Jahr says: "*Pain as if sprained or strained in the feet, ° particularly when treading."

16th—noon. My foot is a great deal better to-day, it only pains now when walking; the pain has moved down into the large joint of the great toe, it feels when I stand or step on that foot as if the joint had been sprained, sometimes it has felt when treading with that foot as if the joints were *giving away or were spreading apart.* If this be the effect of Bryonia, it is singular that it should be nearly six days in manifesting any decided symptoms.

17th. The pain extends into the tarso-metarsal joints of all the toes except the small one.

18th. Cloudy this morning; the pain is much worse, pains constantly, but is worse when walking; the joints feel sprained, or like a bruise from something heavy falling across the toes. 8:30 P. M., a great deal better, does not pain when at rest now; pain twice to-day in left knee.

19th. There is a very slight degree of pain in the joint of big toe this morning, still aggravated by walking. For several days the skin over the tarsal bone of the big toe has been swollen and inflamed, it has nearly disappeared this morning. The soreness appears to be in the sheath of the tendon, but principally in the *periosteum* and *ligaments*; there does not appear to be that *swelling of the joints*, *stiffness*, and *dread of motion* that usually characterizes rheumatism; but *motion always increases the pain.*

I do not think I am very susceptible to the influence of medicines, not to some medicines at least, for I have taken Glonoine several times without eliciting any symptoms, when the same preparation has acted on others.*

Aug. 21st. Top of foot is still swollen a little, the joint of the great toe is still weak and tender, and hurts a little when walking.

Aug. 24th. The large joint of the great toe continues to hurt me when walking, yesterday the corresponding joint of the next toe pained also; sometimes it is perfectly easy when at rest, sometimes it is not; the sensation is still that of having been sprained; yesterday the pain for a time seemed to be confined to the top part of the joint.

25th. Pain is rather worse, it extends up the metatarsal bone again; a few stitches in the knee-joint, for a short time there was a sore, tender sensation of the bottom of the heel when pressing upon it.

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* I have since found that I am very susceptible to the influence of some medicines, particularly Pulsatilla, as high as the 30th centesimal.

26th. The joint is better, but there is a great deal of soreness all along the top of metatarsal bone of great toe, there is also swelling, redness and great engorgement of the veins,so much so that I am afraid of a permanent varicose condition of them. I took Hamamelis 3d dil. 2 drops, and used tinc. externally.

Sometime about the 25th of Sept. the symptoms entirely passed off. The improvement during the last four weeks was scarcely perceptible from day to day. The last place affected was high up on the instep, the skin was swollen and the parts beneath tender ; at last when the soreness did disappear, it seemed to go suddenly. The symptoms lasted nearly seven weeks after taking the last dose.

The symptoms are suggestive of bruises, sprains, rheumatism and gout.

As it was from the dilution (12th I think) that I noticed the sedative effect on the heart in the treatment of pneumonia, would it have been better to have used that dilution in the experiment ?

[The Doctor closes his interesting communication with a question which he can probably answer by making a "*proving*" with the said dilution. If he fails in obtaining an affirmative response, he will at least determine to what extent the *quality* of the drug symptoms in a given organism are determined by drug *quantity*.

On this matter we commend to the reader's attention a paper by Dr. Ross, "On the Action of Stimulants"—*The Practitioner*, p. 86, August, 1874. S. A. J.]

PODOPHYLLIN IN ACUTE RHEUMATISM.—Dr. R. F. Dyer, of Ottawa, Ill., writes to the *Am. Quar. Jour. of Med. Sci.*, that he accidentally discovered that the active principle of Podophyllum p. promptly relieved the pains in acute rheumatism.

POLYPHARMACY.--Dr.Horace Dobell,writes to the *Pharmaceutical Jour.* of a "new remedy" for Hay fever and sneezing. The prescription includes Hydrate of chloral,Camphor, Carbolic acid, Morphia, Oleic acid, and Castor oil. To be applied with a little ivory club-shaped rod "*up the nostril till it reaches the seat of the sneeze signal.*"

OPIUM.—Official report gives 250,000 pounds of Opium as the annual import of the United States.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR

REJOINDER.

"S. S. C.," in the August No. *Observer*, in that mild, dignified manner so characteristic of the finished scholar and polished gentleman, and so well calculated to carry deep conviction to every reader, dubs me "*Lunatic*," because in an article, in an Eclectic journal, I made the assertion that the study of morbid anatomy has been no aid to the science of correct prescribing.

If I had read "S. S. C.'s" article in an allopathic journal, I should have set the writer down as an "old-school" snob of the first water; and so far as his reply to Dr. Frost is concerned, I have no ground to set him down anywhere else.

His logic (?) is old school logic; his affectation of ancient medical lore is old school pedantry; and his designation of a strange brother-laborer as a "*lunatic*," is old-school intolerance, minus old-school "manners."

As a specimen of school-boy absurdity in the line of logic, I quote from his article:—

" . . . . . But what lies behind the dilated vessels, the stagnant blood, the effusion of pneumonia? *Nothing whatever*" *!* (the italics are "S. S. C.'s," the "astonisher" is mine.)

This is a choice bit of etiology for which many of us will be grateful. In pneumonia the capillary blood-vessels of the lung dilate, "just for fun you know"; and the blood "stagnates" "bekaze it du." What a magnificent display of etiological acumen!

Now will I laugh to scorn my winter great-coat, learning that a sudden change of temperature from 90° to 8° did not "lie behind" my attack of pneumonia last winter. Although as a remarkable coincidence, my sickness was immediately preceded by a long ride into the country, began in such haste as to cause me to forget my "wrappings," until I was chilled to the very marrow, and three miles from my office.

As to the "main idea" set forth in my article from which "S. S. C.'s quotes, and for which I have incurred his contempt, I have to say that all rational medical men concede it. Morbid anatomy has been studied in the vain hope that it would lead allopathy to a law of cure. Those who believe (as I do) that the closely observed and accurately recorded effects and symptoms of drugs upon the healthy *human* organism, study pathology and morbid anatomy incidentally; because there is satisfaction in knowing what are the *precise* physical conditions of the affected organs;

and because *allopathy has made it fashionable;* and we are compelled to state to our patients our opinion of "what is the matter," and "explain."

I would ask this learned gentleman, (who parades his well-stocked library as a skillful "showman" parades his gorgeous caravan through a country village,) if *all* that Rokitansky, Virchow, Rindfleisch and Gross ever wrote has conveyed to allopathy a knowledge of the virtues of Aconite and Bryonia in pleuro-pneumonia?

"Ignorant natives" have taught them all that they know of *real* remedies. Veratrum viride for pneumonia; Cinchona for intermittent and malarial diseases, etc. And all that their greatest therapeutists know of positively correct prescribing, may be learned in a week. This consists in "how to give Quinine for malarial diseases; how to give Iron for chlorosis and anæmic conditions, and how to give Mercury and Iodide of potassium for syphilis"-- the latter they do not know so well, by the way.

And yet these men are our ideal pathologists and morbid anatomists.—What a commentary on the *necessity* of profound pathological inquiry on the part of the therapeutist!

And yet, I would not have morbid anatomy and pathology cast entirely aside by the therapeutist. I would make them second to therapeutics.—For after all what we want to know chiefly is how to cure our patients; and all that the world will ever know of pathology never can teach us this.—What wails of soul-felt agony have gone up to Heaven from the great heart of allopathy's greatest men, for their impotency and barrenness in the *true* mission of medicine—*healing*.

And now for a word of solemn warning to those who sit in high places in *our* school (for are not *all* schools mine, being an *Eclectic* of the *New Departure?*) beware how you jeer at the symptomatologists and pour flattery into the willing ear of the young pathologist, lest you reduce *our* school to the blind level of allopathic therapeutics, where "it's a' a muddle."

For myself, I am beyond temptation. Every day confirms me in an ardent love of a *true* and *accurate* symptomatology; in an implicit belief in the correctness of "*characteristic symptoms.*" True, I have in my library a few standard works on pathology,and I read them as I read Physiology, as I read Astronomy. as I read Geology, as I read Chemistry, not because of a sense of their necessity to me as a *physician* purely; but because, in common with mankind, there is my heart of hearts a yearning after the fountain springs of all knowledge, and I must drink thereat, ere I can say to my restless soul—"*Peace; be still.*" H. W. TAYLOR, M. D.

Crawfordsville, Ind.

QUININE PILLS.—Dr. A. B. Lyon, Analytical Chemist of Detroit, writes to Messrs. W. R. Warner & Co., of Philadelphia, as follows:—

"I take pleasure in testifying that your Quinine pills are practically just what they claim to be, whether judging by analytical tests, or by the therapeutic effect obtained from them."

Observations on the Pathology and Treatment of Cholera:

by John Murray, M. D.,—New York, G. P. Putnam's, Sons, 1874.

The author is Inspector-General of Hospitals, late of Bengal, and presents the results of forty years experience in the treatment of Cholera in India, he says :—

" Of the fatal cases in the epidemic in Agra in 1856, 35 per cent. died in twelve hours ; 70 per cent. died under twenty-four hours after attack ; 42 per cent. of those attacked died.

It is in these intense cases that doctors are urged, and some very ardent young men require but very little external pressure, to try the strongest medicines, or even poison, when milder doses prove powerless. I have seen zealous and intelligent surgeons, overtasked by constant duty in hospital, wasting their time and energies in trying all remedies said to have been useful, either by physicians or quacks, and all in vain. Here the expectant treatment that I recommend may be carried out by ordinary hospital attendants; or on an emergency by untrained but obedient and intelligent nurses ;while the physician may be more usefully employed in treating the disease in its earlier stage, or preventing its attack."

Instead of expectancy, the specific medication of Homœopathy would certainly have given better results.

His brochure is an acceptable contribution to the literature of this subject.

Inflammation of the Lungs, Tuberculosis, and Consumption:

Twelve Lectures by Dr. Ludwig Buhl, Professor of Pathological Anatomy and General Pathology, University of Munich—New York, G. P. Putnam's, Sons.

The twelve lectures are devoted to the consideration of Acute Catarrhal Pneumonia—Foreign body Pneumonia—Disease from the Inhalation of Dust—Atrophic Alveolar Bronchiectasis—Croupous Pneumonia—Parenchymatous, or Desquamativa Pneumonia—Pyæmic Interlobular Pneumonia—Genuine Pure Desquamativa Pneumonia—Chronic Fatty Degengeneration—Cirrhosis—Hypertrophic Bronchiectasis—Pleuritis—Cheesy Pneumonia (*a*)—Necrotic Desquamative Pneumonia (*b*)—True Cheesy Pneumonia—Peri-bronchitis-Fibrous-Nodular-Purulent—The Tubercle—Ætiology of Tuberculosis—Tubercular Pneumonia—Consumption.

Dr. Buhl teaches that miliary tuberculosis is due to specific absorption and infection. He says, that the results of inoculation prove that tuberculosis can be conveyed to animals, and he considers that this result, obtained by experimentation, is one of the brightest triumphs which have been achieved by experimental pathology.

These lectures are certainly worthy of attentive perusal.

MOORE—COMSTOCK.—*Editor Observer:* In Chicago we have had a pleasant visit from two homœopathic physicians, who enjoyed the hospitalities of their colleagues in this city, viz : Dr. T. G. Comstock of St. Louis and Dr. J. Murray Moore, of Liverpool, England. The former is well known to all American physicians, who hold him in high respect.—

The latter is the son of Dr. John Moore, of Liverpool, known in England as one of the most forcible and practical writers of our school. His paper on the "New Remedies in Uterine Diseases," was most excellent and timely. Dr. J. M. Moore, owing to failing health, intends locating on the Pacific slope, probably in San Francisco. If he chooses that place, we hope the homœopathists will greet him cordially, and they will find him a man of high culture, and a thoroughly educated physician and surgeon. H.

HOLCOMBE.—Dr. W. H. Holcombe, of New Orleans, the distinguished author and President of the American Institute of Homœopathy has removed to Cincinnati, and will engage in medical practice. He will also lecture the coming term in Pulte Medical College. Our Cincinnati friends are to be congratulated on this accession to their strength.

SAMBUCUS—THE ELDER: *Value of its Fruit where its Uses* (?) *are Understood.*—The *Irish Farmer's Gazette* says: "In truth, with us, a lowly and little regarded tree is the Elder. It is only beside the cabin of the peasant, or his last resting-place, it finds a home. Small account, too, do we make of its fruit, and yet it appears the latter plays a most, if not the most important part in the production of that pleasant after-dinner beverage, on whose merits, believing it to be the "real thing," the connoisseur loves to dwell—that restorative, too, which the physician, knowing the value of the sugar peculiar to the fruit of the *Vine*, and of the tonic properties of its iron and other components, recommends so confidently to his convalescing patient.

We commend the following little paragraph, cut from our excellent contemporary, the *Gardeners' Magazine*, to the consideration of both. It should, no doubt, cause them to regard our lowly Elder with an interest, its claims to which they would hitherto have been slow to accord:—

"Jerrold's joke about the old port and Elder port, will be unpleasantly recalled to 'crusty' drinkers by the following paragraph on the manufacture of Portuguese wine, from a note by our Secretary of Legation at Lisbon: 'All port wine hitherto exported for the English market, is largely mixed with brandy, and is composed as much of Elder-berries as of grapes. The way in which what in England is called port wine has hitherto been manufactured for the London market is this: The Paiz de Venhaterio abounds in Elder trees; the berries of these trees are dried in the sun or in kilns. The wine is then thrown on them, and the berries are trodden (as previously the grapes) till it is thoroughly saturated with the coloring matter of the berries. Brandy is then added in the proportion of from three to sixteen gallons to every pipe of 115 gallons. *This is the composition of all* the port wine hitherto drank in England. No pure wine, no wine not thus specially adulterated for the English taste, was allowed by the Government Committee of Tasters to pass the bar of Douro before the year 1865.'

The writer of the above note is, we may mention, Mr. Robert Bulwer, son of Lord Lytton, but better known to the public as Mr. Owen Meredith, under which name he has published several volumes of graceful poetry."

Practice of Medicine.

THE LIVER:

HISTORICALLY, ANATOMICALLY, PHYSIOLOGICALLY, PATHOLOGICALLY, AN CLINICALLY CONSIDERED.

COMMUNICATED BY WILLIAM MORGAN, M. D., CAMBRIDGE.*

ICTERUS—JAUNDICE.

(Continued from page 232.)

12.—Finally, there is another kind of Jaundice which I am loath to omit in this brief sketch, a reference to which I am been unable to find in the voluminous works of Frerichs, the fascinating lectures of Murchison, or the practical treatises of Budd, Saunders and others—namely the green or black Jaundice. Synonomously :—*Melaina nousos* of the Greeks; the Icteritia nigra of Forestus ; the Icterus viridis, melas Icterus, vel melancholus of Fennel and Var. Auct.; the Icterus melæna of Good; and the green or black Jaundice of Baillie. Pathologically, however, this is merely the extreme grade of the disease in its milder and more tractable form.

Historically :—Aretæus the Cappadocian, and supposed contemporary of Galen, A. D. 200, was the first to give us a description of this form of Jaundice. In his work on chronic diseases, article Icterus, he says:—"It is superfluous in me to tell you whence the name is derived, further than that it is derived from certain four-footed and terrestrial animals called *iktides* (ictides†) whose eyes are of this color.'

He then goes on to say : " There are two species of this affection, for the color of the whitish-green species either turns to yellow and saffron, or to livid and black ; and the cause of these is the same as the cause of the two kinds of bile. In cases, therefore, of black Icterus, the patients are of a dark-green color ; are subject to rigors, become faintish, inactive, and spiritless ; emit a fœtid smell, have a bitter taste, breathe with difficulty, are pinched in the bowels ; alvine evacuations like leeks, darkish, dry, passed with difficulty ; urine deeply tinged with black ; without digestion, without appetite ; restless, spiritless, melancholic. It is more familiar to adolescents."

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* *Homœopathic World.*

† A species of ferret; either the Mustela Erminea,or the Mustela Furo.

Since the time of Aretæus, no very important contributions have been given on this subject, till the time of the late Dr. Baillie, who contributed an able article on the subject in the Transactions of the College of Physicians, vol. 5, p. 143, entitled: "Observations of Green Jaundice." The symptoms are briefly these: The color of the skin varies in depth from a yellowish green to a deep green or olive color. The temperature of the surface is not increased, but burning heat is felt in the palms of the hands and soles of the feet. The evacuations are often pale; but sometimes they are dark-colored—pitchy—with grumous coffee or chocolate-like matter, and slight diarrhœa. The urine is occasionally clear, but oftener very dark and loaded, imparting to the linen a dark, tawny hue. The patient is greatly depressed, physically and morally; complains of anxiety at the epigastrium, and of tenderness either in that situation, or in one or both hypochondria. A sensible enlargement of the Liver is often felt, and sometimes also of the spleen. The pulse is usually natural—or slow—vertigo, sickness, and vomiting of a green acid colluvies, occasionally are present. In the intervals, the appetite is either capricious or but little effected.

This form of Jaundice seldom affects young persons. It is commonly met with in the aged, and is much more frequent in males than females, particularly in those who have lived long in unhealthy inter-tropical countries, or who, with great anxiety and fatigue, have been tried by frequent changes of climate. It is generally connected with the most chronic and profound organic lesions of the Liver, especially those which involve, or destroy, its secreting structures, and obliterate the minuter ramifications of the ducts through the organ. It seldom admits of more than a partial removal, but usually terminates in either a fatal exhaustion, or with coma, apoplexy, epilepsy, or palsy. Abdominal dropsy frequently takes place in its progress. Its course in its slightest grades, is generally slow—sometimes continuing, with various fluctuatious, for seven or eight years; but when the color becomes very deep, it often terminates rapidly, in one of the above ways.

When this form of Jaundice is attended with pitchy, or dark grumous evacuations, there is generally either a congestion of the spleen and of the portal system of vessels, with the secretion of a dark-green unhealthy bile, a portion of which is absorbed and deposited in the structure, particularly in the *rete* *mucosum;* or a congested and hæmorrhagic state of the mucous membrance of the stomach, duodenum, and upper part of the intestines, owing to the obstructed circulation through the Liver; but both pathological conditions may be present, giving rise to an exhalation of venous blood from this membrane, and thereby to the dark and grumous motions. The mucous membrane in these situations is usually found on dissection, dark-colored, mottled, softened, ecchymosed, or its venous capillaries loaded.

The morbid anatomy accompanying this and other profound cases of Jaundice, present features of grave import and considerable interest.

The Body is generally emaciated.

The Skin presents a deep-yellow or bronzed color; the serum in the œdematous limbs—when anasarca exists—the cellular, adipose, and serous tissues, the internal surface of the blood-vessels, the muscles, cartilages, tendons, periosteum, and bones, partake of the same color.

The Liver has been found to present all those lesions which follow every form of inflammatory action; sometimes it is considerably enlarged, it blood-vessels congested, its ducts engorged, and its structure softened, inflamed, deeply tinged or suffused with bile, and containing in its substance, one or more abscesses, or the remains of such; at other times, we find the organ considerably diminished in size, hardened,scirrhous or tuberculated, and apparently devoid of blood and biliary secretion. In some cases, it is changed to a white parboiled condition; in others,into fatty, steatomatous, tallowy, or adipocerous substance. Occasionally, the ducts are loaded with green inspissated bile, or obstructed by concretions of cholesterine, or resinous matter. Sometimes we find the surfaces of the Liver adhering to the adjoining organs. In other cases, one or more abscesses.

The Gall-Bladder is found to contain one or more calculi; if solitary, it becomes after a time of considerable size,blocks up that viscus, distends its walls, and ulcerates its surface.

The Biliary Ducts are frequently obstructed, either by gallstones, or by the pressure of tumors in the pancreas, mesentery, pylorus, or duodenum; and the common duct by scirrhous and other tumors.

The stomach is another organ which becomes seriously implicated in aggravated cases of Jaundice, particularly when the disease has been occasioned by intemperance, and more especially by the abuse of ardent spirits.

The pyloric extremity is found thickened, cartilaginous and constricted, and its mucous membrane is studded with patches of erosion. Next to this, is the

Duodenum, which is often found inflamed, thickened, softened, indurated, or ulcerated, and in some cases apparently scirrhous. Tumors also of various kinds have been found imbedded in its coats, at the place where the biliary ducts empty themselves, which either entirely obliterate these apertures or very greatly diminish them.

Finally, the pancreas, spleen, and right kidney, are in some cases found considerably enlarged, and are the seat of scirrhus and many other abnormalties.

"There are few diseases," says Copland, "the nature and morbid relations of which have occasioned greater diversity of opinions than Jaundice; and there are—it may safely be averred—few diseases the treatment of which has created greater conflicts of opinion among physicians. On these grounds it may in truth be stated, that there are few diseases which require more discrimination as to the indications, the selection of the remedyand other means of cure than Jaundice."

It proceeds, as we have already pointed out, "in different cases, from so many different pathological states, and sometimes from so many combinations of them, that the closest attention and practical acumen are necessary to ascertain and distinguish the morbid conditions and peculiarities of each individual case, and to select the specific drug for their removal. It is requisite not merely to guard against vascular excitement on the one hand, and vital depression on the other; but in many cases, also, to prevent or to remove both, as being the more immediate causes of the obstructed secretion or excretion of bile. In all cases, the states of general and local vascular fullness or action, must claim our particular attention; and in many cases it will be found requisite to aid the former whilst we diminish the latter.

Allopathically it becomes a matter of considerable difficulty to ascertain what are the effects of medicines upon the *circulatian and functions* of the Liver; for much of what has hitherto been said and written upon the subject has been characterised by dogmatism rather than by truth—by vague assertions unsupported by facts. Some of the medicines which have been supposed to excite the Liver to action, most probably operate by removing slight obstructions from the mouth of the common duct, by reducing vascular turgescence in the duodenum, and carrying off mucus collections; among these may be mentioned the preparations of mercury, particularly calomel and blue pill, as the provings and experiments of Bennetz of Edinburgh, prove beyond doubt, that no affinity exists between mercury and the Liver.

Empirically.—Divers remedies have been recommended "for the treatment of Jaundice," from the far-off epoch of Hippocrates to the present time. Foremost among these have been antiphlogistics, general blood-letting, emetics, laxatives, purgatives, diaphoretics and sudorifics, anodyne and stimulating antispasmodics, etc.

Homœopathically and Hygienically.—Jaundice in its various forms and phases is fairly amenable to treatment. In the first form, the—"Icterus Catarrhalis"—a large number of cases have been in my hands yielded quickly to a dose or two of *Aconite*, followed by *Podophyllum;* a compress over the region of the Liver and stomach, with a spare non-stimulating diet.—In the second form—to warm baths, friction, the application of hot compresses over the seat of pain; or what is better still, the application of a liniment consisting of Tr. *Belladonna*, Tr. *Aconite* and chloroform; the subcutaneous injection of morphia; and the administration of *Belladonna*, *Calcarea c.*, or *Lycopodium;* and in the more protracted and aggravated cases, the inhalation of chloroform which should be repeated from time to time, according to the severity of the symptoms. In the third form—to *Aconite*, *Chamomilla*, *Ignatia*, *Nux vomica*, and *Sulphur;* and in the more severe and aggravated form to *Lachesis* or *Curari* and a series of Turkish baths. In the fourth form—to *Ignatia* and Turkish baths which will suffice in the majority of cases. In the fifth form—to *Lachesis Curari*, and Turkish baths, and perhaps *Chamomilla*, *Ignatia*, *Nux vomica*, and *Lycopodium*. In the sixth form—to *Arsenicum*, *Lachesis* and *Curari*, combined with a series of pack and Turkish baths. In the seventh form—to *Aconite*, *Bryonia*, *Mercurius* and *Lachesis*, pack and Turkish baths. In the eighth form—chiefly to *Lachesis and Curari.* In the ninth form—to *Aconite*, *Mercurius sol.*, and *Podophyllum*. In the tenth form—when it arises from catarrh of the bile ducts, to *Chamomilla Digitalis*, *Mercurius sol.*, or *Podophyllum*, and the sudden application of cold water to the hepatic region by means of a small douche, a jug, or flowering-pot. Many cases of this kind in my hands have quickly yielded to this mode of treatment.

When from congenital obliteration of the bile ducts, thickening of glissons capsule, or congenital cirrhosis, the treatment can only be palliative.

In the eleventh form there are two types—the innocent and malignant; the first has already been treated of. The second is distinguished by serious derangements of the nervous system, coupled with acute wasting of the Liver, which will demand prompt and energetic treatment, consisting of *Aconite* to subdue inflammatory action; *Belladonna*, *Chamomilla*, *Coffea*, *Hyoscamus*, or *Nux vomica*, to cope with the exalted sensibility of the nervous system. *Curari* and *Lachesis*, are also worthy of a trial.

In the twelfth and last form, which is one of the most terrible and obstinate types of Jaundice, we have to contend with, being generally connected with the most chronic and profound organic lesions of the Liver and other adjacent viscera, no radical cure can be looked for; but much may be done by properly chosen medicines, a carefully selected diet, a series of pack, compress and Turkish baths, change of air and scene, and a resort to some of the mineral waters, adapted to that class of complaints, such as the waters of Karlsbad, Marienbad, Kissengen, Homburg, Vals, Vichy, Ems, Cheltenham, or Llandrinrod in Radnorshire. Independently of the effects of the water itself, which, when taken in large quantity, finds its way through the walls of the portal vein and gives rise to an abundant secretion of thin bile—these mineral waters are chiefly indebted for their action to the soda and neutral salts which they contain.

They are with difficulty replaced by any other remedies, in cases where the Jaundice owes its origin to chronic congestions of the Liver, with obstinate catarrh of the bile ducts and mucous membrane of the stomach and duodenum, to gallstones, etc. Their selection must, however, always be determined by the nature of the fundamental affection of the Liver, and by the constitution of the individual patient. It should also be borne in mind that the constant use of these waters is prejudicial in the case of new growths, such as cancer, or in more profound degenerations of the organ, such as cirrhosis, etc. They are not therefore, to be resorted to when there is any uncertainty in the diagnosis, or when the indication to be fulfilled in each individual case is not perfectly clear.

CLINICAL CASES.

AGUE.

May 9th. Mrs. Mc., aged 60 years, had ague twelve years ago and Quinine treatment. Says the spring rain has "brought it back on her"—has a shake every day from 12 to 2 o'clock *at night*, attended by thirst, which is followed by fever, lasting from 2 to 4 A. M., attended by perspiration but no thirst.—Constipation—bowels move every third day. *Fæces hard and small like marbles*—pain in small of back; drinking water causes pain in stomach, which is relieved by vomiting.

℞. Arsenicum 2^x and Nux Vomica 2^x in alternation every three hours. Suppression of the chill after the second day.

June 13th. After a heavy rain which was driven through into her miserable dwelling—active cold water treatment; the chills returned, and she calls for more medicine; has had the shakes for the past three nights—bowels as bad as ever. Prescribed Nux vomica 200^c, one powder night and morning, and solicited a report the fourth day.

June 20th. Fearing my patient had fallen among the Philistines, I visited her to learn the result—found her cleaning house—says she is quite well, has had no chill since the first night.

ACUTE RHEUMATISM.

June 28th. Miss S., aged 20 years, nervo-sanguine temperament; complains of pains in the joints,which have necessitated keeping the bed for a number of days; pains commencing in *right* ankle, but now located in left wrist and ankle which are slightly swollen. Menstruation which is usually normal, retarded one week; bowels constipated, has had no evacuation for six days. Anorexia—tongue coated whitish-yellow; pulse 95 and weak, patient restless and languid.—Prescribed one grain of Merc-dulc, 1st dec. trit., to be taken that evening, and Aconite 1^x in water, every hour when awake.

June 29th. Has had two natural evacuations from the bowels and a natural menstrual show, without pain.

Reports complete relief from pain in the joints since the second dose of the solution. Continued Acon. 1^x, every 2 hours —from this time,there was a daily evacuation from the bowels, and no return of the pain, the patient continuing the same remedy until July 5th, when she was discharged cured.

APHTHÆ.

I. Feb. 1st. Called to see Mrs. B.'s nursing infant which is nine months old—roof of the mouth and side of the tongue are covered with white canker patches. Stomach sour ; and irritable. ℞. Sulphuric acid 4^x which cured the case promptly.

II. June 20th. Jane: nervo-sanguine temperament, aged 3 years is suffering from canker on the sides of the tongue and mouth, drools constantly ; tongue hangs out of the mouth, is enlarged and coated yellow, loss of appetite and constipation ℞. Merc.iod, 2^x which cured the mouth and removed the constipation within a few days.

III. June 25th. Mary, aged 2 years has been suffering from canker for several days : mouth and tongue covered with white patches of aphthæ ; tongue coated yellow and considerably enlarged ; glands swollen, and constant flow of saliva ; diarrhœic, passages consisting of undigested food and water.—R. Merc. protoiod 2^x, every three hours—which cured the mouth promptly, and relieved the diarrhœa.

PERITONITIS.

May 29th. John, aged 8 years—had been under allopathic treatment the past week, for bilious fever,and ague ; lies with his knees drawn up, and complains of severe pain in bowels, which are tympanitic, hot and sensitive to the touch ; he has had no evacuation from the bowels for five days ; tongue thickly furred with a white coating, and red on tip and edges; pulse 100, small and bounding ; pain in the head over the eyes,which is worse on motion ; great thirst, which when gratified causes vomiting ; pain in the bowels very much increased at times, the paroxysms being from five to ten minutes apart. Ordered enema of tepid water, and prescribed Bryonia 200^c, night and morning, and Belladonna 3^x in solution, every hour when awake.

30th. Bowels moved yesterday after enema ; pulse 90 ;—pain in bowels has ceased, only complains of soreness when moved ; redness of tongue gone, and coating thinner. Continued same medicine.

May 1st. Pulse 80 ; tongue clean, and considerable appetite ; tenderness of abdomen only on pressure. Continued the Bryonia and Bella., with speedy return to health.

Cedar Falls, Iowa. J. S. BELL, M. D.

Obstetrical Observations.

W. C. RICHARDSON, M. D., ST. LOUIS, Mo., EDITOR.

AN ATTEMPT TO EXPLAIN MORBID CHANGES DURING FŒTAL LIFE.

BY D. A. COLTON, M. D., CHICAGO, ILL.

These may be due to habitual and constitutional characteristics, or to strong impressions on the part of the mother.

Thus, there are two sets of impressions that may impinge themselves upon the prospective child.

Exactly how these come about is a difficult matter to explain; and in this, as in many other things, we have to reason from the *known* to the *unknown*, or to cite analogies to show the reasonableness of any position that may be taken.

We are not obliged, however, to resort to any analogy or hypothesis to prove that children are likely to follow the parents in mental, physical, and even moral characteristics.

This is so evident, that the *non-professional* are in the habit of saying of certain persons to their recommendation, that they are of fine stock; their parents being of fine calibre and character.

Poets, painters, statesmen, and I may say *doctors*, are born; *that is* if qualities suited to the manifestation of poetic imagery or art in painting, &c., are wanting, it can never be supplied by artificial culture. So of idiots or the weakminded, no one is likely to question the position taken in reference to to them.

But as to malformations, monstrosities and defects of various kinds not above referred to, and which are not unfrequently accredited, even by the nonprofessional to sudden shocks of the nervous system, on the part of the mother, there is some doubt and some discussion in reference to the exact mode in which they originate; and this calls up the further question, whether or not the diseases of the mother, contagious or otherwise, are not communicated to the child during the period of gestation.

If we may trust history, it sustains the belief which we entertain, viz: that the ambitions, aspirations and strong desires of the pregnant woman are likely to be repeated or represented in the child she bears.

When in Greece and Rome the public ambition was to furnish statesmen and heroes; statesmen and heroes were born—and in the words of the historian, Greece and Rome arose to the height of glory and renown; but when such ambition was replaced by a desire for luxury and show, the tendency of the children was to effeminacy and lust.

Jacob only followed natural indications, when he took rods of green poplar, of the hazel and chesnut trees, and set them up with strips of the bark off, so that they looked ring-streaked and spotted, before the conceiving kine. He thus made the brown cattle to propagate those that were ring-streaked and speckled. He not only did this, but took the strong cattle to serve him in this regard, and kept the weak away, so that the strong cattle were Jacob's, and the weak and puny were Laban's.

On this idea of parental characteristics, the breeding of fine stock is reduced to an almost exact science. And the appellation of *thoroughbred* is applied to the animal whose male and female antecedents are of a high order of training.

This is the natural or physiological order, and, in accordance with this order,we may expect that the male and female in their contributions to the process of conception, at once focalize their own characteristics at the time. Under this, however, the variations within physiological limits may be very many, yet in the vivified ovum, you have the miniature or microscopic man or woman, as much as in the acorn or kernel of wheat, you have what may certainly develope into the plant with grain, or the sturdy tree.

While this, however, is recognized, yet we are aware that when the ovum is lodged in its proper nidus for development, it is subject to physiological or morbid influences that are quite independent of the male and peculiar to the female.—And the same appliances must concern defects and morbid developments, that have to do with the ordinary and complete formations.

In passing, I will say, that weakness and the want of proper nutrition on the part of the mother, may allow a like condition in the fœtus ; but this would seem likely to be greatly counteracted if the father were remarkably vigorous and strong at the time of conception. Such fœtal developments appear to have the advantage over those whose fathers' were in a contrary condition. Those so charged with vitality, take up nourishment with avidity, and go in for the lion's share—hence such fœti may be nourished, while the mother may appear to be famished.

It must be in the same line, but with some modifications—some additions or substractions—that abnormal results are effected. The natural or unmodified form of fœtal development is clearly through nutritive processes, properly charged with vitality or nervo-impulses ; and if this be deficient through a want of proper nutrition and health in the prospective mother, there may be a corresponding want of perfection in the fœtal development. Thus the dentist accounts for the rapid decay of the milk teeth, and says the health of the mother was defective at the time the tooth-pulp was forming. So the physician to the idiotic or feeble-minded children, attributes such weakness to want of proper nutrition in the early stages of development and growth. Thus the deficiencies and changes through ordinary channels are indicated.

Extraordinary changes through sudden shocks of the nervous system, I repeat, occur through the same appliances, but which either partially or totally fail in carrying out their original design in development, or work to a different end. Thus *hare* lip may be said to be an arrest of development, and possibly even a retrogade movement to undo what has been done, in certain cases ; and any so-called mark, redundancy or monstrosity, is occasioned by a modification or change in the original design, but it is carried out by substantially the same forces that should have pushed forward the development on the original plan to completeness.

The nervous system of the pregnant woman is heightened or increased in sensibility, and *per consequence*, has increased sympathies and susceptibilities. This statement is verified by the ordinary, habitual, and I may say, the almost universal manifestation of women in that condition.

Granting then what we must admit, if we allow reasoning at all upon this matter of development, that *part* presides over *part*. i. e., that such part or portion of the nervous system of the mother must, in the first instance at least, preside over or prompt a similar nervous development in the fœtus, such nervous development *pari passu*, if you please, *in the fœtus*, as presides over like portions as the original nervous development does in the mother herself. If this were not the case, how could we account for family characteristics at all? and how could we otherwise explain the redundancy of fingers and toes, and double teeth all around, which run in certain families? Such freaks of nature (so called) may become a family characteristic, and run through several generations.—Being so adopted and characteristic in such families, it is called natural to them.

This idea of part controlling part, or the status of development in the parents being reduplicated in the offspring, may be negatively illustrated by the fishes in the waters of the Mammoth Cave being without eyes such as those have that enjoy sunlight; this want of sight has become perfectly natural to them through the centuries, and for any of them to have fully developed eyes would be considered a freak of nature.

Having established this point, which would appear upon consideration to be too self-evident to dwell upon—that the characteristics of parents are expected in the natural order to be repeated (with some modifications to be sure) in the children, we are ready to consider this other idea, that by sudden and strong impressions upon the mind of the woman during this period of greatly increased nervous *susceptibility*, a part or the whole plan, *even* of development may be changed, and thus one order be substituted for another order, or that total disorder be the result—and when we consider the *nascent* state of those physiological forms that enter into fœtal development—their plastic and impressible nature,much more can we appreciate how mental shocks of the mother may so impress such nascent and plastic forms, as that the effects of this shock may become more and more evident in the further processes of development and growth, and come to be perfectly natural to the fully developed child and may maintain through a long life.

This is certainly no more difficult to apprehend, than the effects of nervous shocks upon the different secretions—as for instance, fright of the mother upon her milk so as to change its nature from being nutritious to that of poisonous; and also the salivary secretion in some animals, and in some men, as to that matter, while in the ordinary state of the individual it is innocuous, yet, under the combined influence of rage and tërror it may maintain a directly opposite condition.

These and many other well known facts in the same direction, go to show that mental excitement from passion or emotion, may so change the ordinary physiological forces of the animal economy as that they may become disease producing forces.

This by the profession is readily explained to occur thro' sympathy or reflex action. The different passions and emotions affect the body in different ways. Love, of course, affects the heart, and may, moreover, animate all the life forces. Disappointed love acts upon the base of the brain and heart, and may produce a fatal depression of all the powers of life. Overtaxing the brain may change the the body from the state of apparent health to the opposite condition, in which it would seem to court the entrance of all the diseases of *Pandora's* Box.

These are the ordinary sympathies which we meet and recognize every day—that of the mother for the developing being within her own bowels,and which is a part of herself,comes under the same head, i. e., it is the same in kind, and *may be* even greater in degree. It may be greater, I repeat, on account of the heightened sensibilities of the mother, and the plastic nature of the body upon which such nervous reflexions may impinge.

Having considered sympathies thus far, and established the same as according with our observations, we have now to give wider scope to such observations, and consider those sympathies which are called up by surrounding persons and objects.

It would appear that the Garden of Eden was especially fitted for happiness and holy living. The grand idea of God in nature, appears to have been there carried out. This was according to the nature of man, that companionship, sociality, and beautiful surroundings should best meet his sympathies and minister to his happiness here, and be at the same time most suggestive of the higher sympathies and fruitions that may be enjoyed hereafter. And this sympathy of man for man is one of the special injunctions of revealed truth.—Love, charity, bearing one another's burdens, etc., are the words which indicate the *duty of all*, and accord with their physical requirements as well as their moral nature, I make such reference as well as for its age as for its authority; and only state what you yourselves do know and substantiate in your every-day experiences. We are very well aware that there is not a person we meet or an object that strikes our eyes but that effects us pleasantly or unpleasantly. Each one of us is acquainted with individuals in whose society we are always at ease; and with others whose very presence is an annoyance. We seek to enjoy the society of one class, those of the other we shun. The sun shines never so bright as when we are surrounded by kind friends and loving hearts, that rejoice when we are happy, and whom we know will equally sympathise with us in the day of sorrow. In these sympathies occurring through our nervous perceptions everywhere we go, and from a recognition of them quite too much perhaps, arises the saying that "circumstances are what make the man."

It is this morbid perception of surroundings of things animate and inanimate—this sympathy run rampant that stamps its impress, or duplicates itself, as near as may be, upon the developing fœtus. It is photographing by means of magnetism, and making the representation of the original, as often as otherwise, a picture in relief and living.

These are mysterious, to be sure, to the mind who has not gradually arrived to the stand point indicated by the slow process of induction and deduction. To us of the profession, it is not more difficult to apprehend or explain than the morbid perception of snakes, by the man having the *delirium tremens*, or the making a *stick* or a *stone* an *animal* or a *man*, by the individual suffering from a mania of another kind.

This is human sympathy either with real objects, in response to their forces in the natural way, or that morbid apprehension of the same in an unnatural one ; or again the imaginary realization of what does not at all exist, which realization, however is equivalent to either of the others, and produces as marked results.

Having taken this view of the manner in which morbid fœtal developments occur, as resulting from sudden shocks upon the nervous system of the mother,we cannot regard such nervous impressions as of a character to reproduce or communicate special diseases. They must be regarded in the light of duplication of that which the mind of the excited and prospective mother was cognizant of. Were it otherwise there would be no end to fœtal diseases proper as you can readily see—consequently every thing under this head of morbid mental impressions must be regarded as a mark, redundancy, monstrosity, or the like.

ENDOMETRITIS OCCURRING DURING PREGNANCY. *Abortion arrested; Inertia of the Uterus; Adherent Placenta.*—The *London Med. Record* says, that Adolf Landau, in *Medizinisch-Chirurgische Centralblatt*, relates a case where he was consulted by a fine healthy peasant woman, five months pregnant, mother of two children for a return, as she thought, of the menstrual flux. She attributed it to a blow on the abdomen, received a short time before. It was attended with a good deal pain on the lower part of the stomach, and fever. Presently she noticed a reddish discharge, which gradually increased, becoming very profuse and accompanied latterly with pain. The question arose whether it was one of those rare forms of menstruation occurring during pregnancy in persons of full habit of body, which are generally very profuse when they do happen ; or indirectly a detachment of a portion of the placenta ; or directly a local hyperæmia of the uterus, the result of the blow, with a consecutive rupture of the uterine vessels. The latter the author believes has been the case.

Fearing a miscarriage, from the blood becoming coagulated within the uterus, increasing its size and setting up expulsive uterine action, he enjoined rest in the horizontal position, administering internally Digitalis and Opium, which had the effect of arresting hæmorrhage, and the women went her full time. The labor progressed naturally until the os was fully dilated, when the pains ceased. Ergot and Indian hemp were given, but without effect. A gum-catheter was then introduced between the uterus and its membranes, and rapidly induced strong labor-pains, forcing the child's head into the pelvis, when the pains again ceased. The forceps were applied and the child extracted.

The placenta was adherent to the uterus over its whole surface, and with difficulty peeled off. There was considerable *post partum* hæmorrhage. Convalesence was retarded but the patient eventually quite recovered. The writer considers the inertia of the uterus to have arisen from its muscular walls having become altered by the metritis causing an increase of the fibrous tissue, which not only interfered with their contraction, but also with their nerve-supply.

Clinical Observations.

D. A. COLTON. M. D., CHICAGO, ILLINOIS, EDITOR.

GRAPHITES.

A few years ago, Mr. P. consulted a celebrated oculist, relative to a small tumor embedded in the upper right eyelid. It was excised and a wash prescribed to prevent a return. Last winter, however, a similar tumor appeared near the site of the former. It was very probably a cystic tumor—a degenerated sebaceous gland. After several doses of *Graphites* 23^{m}, it disappeared.

It is no more than just that a supposed cure with a disputed potency should be submitted to criticism.

Skin symptoms are very apt to play the fickle. To-day one's hands are disfigured with warts; in a few weeks without any assignable causes, they are smooth again. In ascribing curative properties to a medicine, such possible spontaneous cures must ever be remembered. By a local hyperaction, nature developes a tumor; or, a sebaceous gland, occluded, swells with its own secretion. When the maximum is reached, absorption may gain the ascendancy over the circumscribed hypernutrition; or, a sac, by a process of internal fatty degeneration bursts, and absorption ends the tumor. Very likely medicines hasten these processes. We remember an encysted tumor in the cervical region, which was treated with *Kali hyd.* When finally it was extracted, the surgeon, though very skillful, burst the sac in several places. He never before saw so thin a membrane nor so completely degenerated a contents. The Kali hastened nature's method of cure. But *will* medicines manifest an action on tumors, &c.? Suppose that well known wart remedy, *Causticum*,was given, by way of experiment—given for *many days*. The indication was, a wart *on the nose;* the potency, 17^m. Within two weeks *fifteen warts array themselves on nose, cheek and eyelid!*

Suppose similar experiments to be many times repeated (we have often so experimented,) may we not ascribe the results to the action of medicine? We recollect a sebaceous gland deforming a lady's scalp for more than twenty years. A few powders of *Graphites*, up among the thousands—and it was gone. Dr. Wm. Wesselhœft records several cases in the N. E. M. G., apparently cured with *Graphites*.

But how may we determine whether the medicine has cured, or whether nature has wrought a spontaneous cure? Evidently with proximate certainty by *the time of cure.* Nature works slowly—the medicine quickly; nature frequently cures with no local sensations—the medicine often developes local sensations, or even new tumors; but these latter, formed so rapidly, have but imperfect vitality, and soon waste away. In a cure by medicine, the symptoms usually disappear in a reverse order to that of their appearance; in nature's healing they expire—as it were by limitation run their course.

Lastly, the question thrusts itself upon us—will a medicine potentized to the 17,000th preparation, exert any influence on the human system? Reason is amazed; chemistry, and even the delicate spectroscope, are silent. Mathematics, that absolute stronghold, fails to figure the quantity of the original drug! But suppose that experiments on this same human organism give constant results over and over again—and they do—what then? Is it of wisdom to still cry "moonshine"? He is the bigot who refuses the sweep that nature opens to his honest choice. Surely somewhere between her crude forms and subtlest essences, he may find a weapon potent enough to cure all curable disease. Let us use them all.

E. A. FARRINGTON.

Philadelphia, Penn.

GOITRE.—This disease is attributed by M. Bergeret, a recent French writer, to the influence of *sulphates in the blood*, derived from sulphate of lime in the drinking-water, and from other sources.

DISEASES OF THE LARYNX.*

BY F. SEEGER, M. D., OF NEW YORK CITY,

Translator of Prof. Ferdinand Sieber's "Art of Singing" with the addition of an original chapter on Hygiene of the Voice.

Before resuming my translations I wish to offer the able Editor-in-chief of our valued *Observer*, and also its patrons an apology for my long delay, in continuing the work which I then assumed. One of the main reasons why I hesitated was that shortly after my last translation appeared, I for the first time learned of the existence of a translation by Dr. Beard of Tobold's able "Treatise on the Chronic Diseases of the Larynx." I felt that perhaps to many my labor would be of no value should they be possessors of Dr. Beard's translation.—In response, however, to the request of the Editor of this Journal I resume my task. I do so very willingly owing to the fact that Beard's translation has been out of print for some time, and is, therefore unattainable. All my efforts to secure a copy have failed.

Affections of the vocal cords were under consideration in our last article. We continue their further notice.

There are people whose vocal cords present a greater or less degree of redness, as well as other variously divergent appearances, without our being justified in considering them as morbid states. Such a condition may exist without perceptible alteration in the quality of the voice or the presence of any other subjective symptoms. This condition, which may be looked upon as an acquired normal variation, is always, however, the result or remains of an inflammation which has existed at some former time—it matters not whether the inflammation has subsided spontaneously or by local treatment, and leaving in the relatively normal variation, or condition to which we have alluded.

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* From page 380, vol. viii, No. 8, *American Observer*. Translated from "Die Chronischen Kehlkopfs-Kraukheiten nich specieller Rucksicht auf Laryngoscopische Diagnostik und local Therapie"—(The chronic diseases of the larynx, with special reference to laryngoscopic diagnosis and local therapeusis)—"by Dr. Adelbert Tobold, Sanitatsrath und Docent au der Berliner Universitat."

The most frequent affection of the vocal cords is chronic inflammation of the mucous structure with or without involvement of the sub-mucous texture. As in the various forms of laryngitis, so also in the form of isolated inflammation we observe the most varied degrees of involvement, ranging from a mere hyperæmia to a deep red color.

A not infrequent consequence of disease of the cords is what Forster has designated as *dermoid metamorphosis*, a process which usually supervenes after long standing inflammation, and which may involve but a portion (one-half,) or the entire extent of the cords. The cords which in their normal condition are devoid of papillæ undergo a papillary metamorphosis,while the epithelial structure at the same time becomes greatly thickened. Vocal cords which have become thus altered, as a general thing look thick, unyielding, uneven, and yellowish-white. As a matter of course, the impaired elasticity affects the freedom of vibration.

An affection of an opposite character presents itself as atrophy of the vocal cords. This affection is not confined to the aged, but is also met in younger persons. It is to be regarded as a consequence of a disturbance in the local nutritive processes. The cord appears strikingly small, lax, and thin as paper. Both of these affections, hypertrophy as well as atrophy having become organic, are of course beyond the reach of therapeutic measures.

A strikingly isolated affection of the cords presents itself as *capillary apoplexy*, or sanguineous infiltration of the mucous membrane, Up to the present time I have observed this high graded form of inflammation only when confined to one cord. The epithelium presents a uniform bloody-red injected condition, reminding us of the appearance of the conjunctiva of the eye after an operation for strabismus. At the edge of these greatly swollen cords, I have on several occasions found small prominent, crater-like ulcerations; their presence more than the inflammation itself being the cause of the alteration of the voice, especially as the small ulcers at the edges presented evidences of beginning vegetations.

Touching with nitrate of silver in substance is the most effective course in this condition. In one case in the early part of the treatment, after the deepened infiltration had given way to a paler color, and the patient had become able to give forth clearer tones, suddenly with the onset of menstruation, the infiltration relapsed like an acute apoplexy, and the patient's aphonic condition was as bad as in the beginning.—[Tobold here lost a rare opportunity to test *Gelseminum.*]—Homœopaths are well acquainted with the influence it has over menstrual affections, congestions, and apoplectic conditions.

These remarks, however, are simply preliminary to the point I wish to make, and which I will illustrate by a case which Meyhoffer details at length in his "Chronic Diseases of the Organs of Respiration."

"The patient's catamenia had become irregular, sometimes anticipating, then again behind ; what characterized her case more particularly was the loss of control over the vocal nerves during the time of the courses, the voice returning with their cessation. A variety of remedies were resorted to with the effect of improving the general health and moral disposition ; the menses grew more regular and moderate, but their recurrence was constantly accompanied by aphonia. At last, Gelseminum 3d was resorted to, when behold in the course of the next catemenia I was received by the patient with a cheery voice."

In my own practice I had a young lady affected with a chronic catarrhal inflammation of the nose, fauces, and larynx. Voice woody in quality, complete aphonia at the menstrual epochs. The menses were irregular, as a general thing too late, very profuse, and severe pain at their commencement.—Gargling with Seltzer's water and milk, and internally Gelseminum 2d dilu., 5 drops morning and night, relieved the menstrual difficulty—the periodic aggravation of the voice ceased and the volume and quality became more normal. Sulphur, Natrum muriaticum and Calcarea iodata completed the cure. —*Translator.*]

A similar case still further advanced in treatment, relapsed in consequence of the patient, who was in the first half of her pregnancy, becoming troubled with vomiting. The examination showed a renewal of the deep red injection of the vessels of the entire surface of the cords. Continued treatment relieved the difficulty, a result which I have always been enabled to attain in cases of this character in a short time. The vocal cord took on its natural form and color, and the voice was permanently restored.

We have still another type of affections of the cords, in *granular inflammation* of one or both cords. It is a peculiar fact, that this may be sharply confined to one cord. It this form of inflammation there is not only a surcharged condition of the capillaries of the fibrous tissue forming the mucous membrane, but at the same time there exists a hypertrophic condition of the underlying submucous texture. It is hardly necessary to allude to the change in the voice in such cases. Treatment should consist in an energetic use of concentrated solutions of nitrate of silver.

Finally, we not unfrequently, and especially in delicate anæmic females, meet with cases of circumscribed reddening and swelling of the anterior or posterior portions of the cords. In the latter form the hard cartilaginous vocal process may be the cause of ulcerations (alluded to in discussing " Ulcerative Laryngitis,") as a consequence of the continued rubbing and friction of the swollen mucous membrane.

POSTERIOR WALL OF THE LARYNX.

The posterior wall of the larynx is but poorly supplied with elastic fibrous tissue—on the other hand, however, it is richly supplied with racemose glands at the plica arypliglottisa, the cushion of the epiglottis and the upper surface of the ventricles. If we take this anatomical condition as well as the constant action which is demanded of these parts into consideration, we will be prepared to understand that these parts are especially liable to inflammations, thickening or swelling, and ulceration. Even a moderate swelling can produce marked disturbance in the approximation of the vocal processes, and thereby impair the purity and timbre of the voice. If the inflammation and irritation has existed for a long time, the swelling of the inner arytenoid fold of mucous membrane may attain such a degree, that we find when the patient attempts to phonate, this fold forms a distinct projection into and between the vocal processes, naturally causing more or less loss of vocal timbre. Even after recession of the arytenoids, this swelling shows itself as a distinctive perceptible convexity.

The histological relations spoken of, and the constant action demanded of these parts especially favors the development and spreading of erosions and ulcerations.

(More on this subject may be found under Tobold's chapter on tubercular laryngitis.) Morbid formations on the posterior laryngeal walls are rare occurrences. To the present time I have observed three such cases, in two of which syphilis had preceded, which led me to consider these in the light of condylomata. Upon this subject the reader may find further information under the chapter on Morbid Growths of the Larynx—the translator also calling attention to a most excellent treatise, by Prof. Mackenzie, entitled "Essay on Growths in the Larynx—London: J. & A. Churchill 1871."

New York, 718 Lexington Ave.

(*To be continued.*)

ON THE PROPAGATION OF SYPHILIS BY VACCINATION.*

In bringing forward this evidence, in addition to that published by Mr. Thomas Smith in the fourth volume of the *Clinical Transactions*, and by himself in the fifty-fourth volume of the *Medico-Chirurgical Transactions* Mr. Hutchinson has established beyond doubt, even in the minds of those for whom the earlier evidence was insufficient, the possibility of the occasional propagation of syphilis by vaccinating from infants in whom that disease is active. This being so, it is of the highest importance to prevent the repugnance to vaccination already existing from being strengthened unreasonably by these unfortunate occurrences, which even at their worst, must be of extreme rarity—rarity so great that, in North Germany, more than twelve millions of vaccinations have only furnished two or three examples (Auspitz, *Wiener Med. Wochenscrift*, Jan. 25th, 1873.) And when a medical inquiry into the effects of vaccination was made in 1856, no English practitioner of repute was able to report a single instance.

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* *Propagation of Syphilis by Vaccination*—[The Third and Fourth Series of Observations communicated to the Royal Medical and Chirurgical Society, on Jan. 28, 1873: By JONATHAN HUTCHINSON, F,R.C.S. With Discussions and Leading Articles. *Lancet*, *Medical Times and Gazette*, and *British Medical Journal*, for Feb. 1, 1873.—(British) *Medical Record*, Feb. 12th, 1873.)

The facts of the present case are as follow :—

1. *The Patient*—a male. aged forty-six, applied to Mr. Hutchinson, at Moorfields Ophthalmic Hospital, for relief from iritis. Examination disclosed the existence of a dusky-red rash and symmetrical ulcers on the tonsils,but no trace of disease on the genitals. On one arm, however, were two or three scabbed ulcers as large as shillings, with dusky-red indurated borders, and there was indolent bubo in the corresponding axilla. He had been vaccinated three months before he applied to this hospital. The punctures took and behaved as usual, but a month after the vaccination, when just healed over, they broke out again. About six weeks after vaccination a rash is said to have appeared, and the iritis two months after it. The symptoms disappeared while mercury was being taken. Besides the patient, about twelve others were vaccinated from the same child.—In three, the patient's children, young adults, no ill results were observed. Of the remainder, nothing precise was known.

The Vaccinifer. The vaccinator reported that this child appeared to be in excellent health at the time. When seen by Mr. Hutchinson it was eight months old, was fat and well grown ; it was the third of the family; its predecessors had died in infancy. It had a markedly sunken bridge to its nose. This comprised the evidence of syphilis in the child.

2. A lady, aged forty-five, came under Mr. Hutchinson's care in Dec. 1872, for a non-syphilitic affection, but having also copious remains of a syphilitic rash. On interrogation, she narrated that she had been vaccinated in May, 1871, by four punctures, none of which took ; just a month later one inflamed, and became a hard-edged ulcer, lasting three months. About two months after vaccination the rash appeared, and she fell into ill health. Until Sept. 1871, no specific treatment was adopted. It was continued nine months, and then dropped. Two months later the left eye inflamed, and the rash relapsed. The iritis was treated at Moorfields, and several months afterwards the patient came under Mr. Hutchinson's care for the first time. In addition to the remains of eruption, synechiæ in the left eye, and a dusky scar at the site of one of the vaccination punctures were found. The patient was vaccinated from a baby's arm along with her two grown-up daughters. A number of other persons had been vaccinated previously from this child, but these had not been traced. The daughters escaped contagion.

The Vaccinifer. The baby and its mother were said to have looked quite well at the vaccination; but when dentition began, the child had sores about the anus that lasted three months. It was the third child; the first two were living. The eldest, aged six, showed no sign of inherited taint; the second, aged five, had a large forehead, and, at her dentition, had exactly the same sores at the anus as had the vaccinifer. When Mr. Hutchinson saw the vaccinifer, the symptom attributable to syphilis was a large forehead.

What are the conclusions to be drawn from these facts? First, there can be no doubt but that both patients had the syphilis, contracted about the time when they were vaccinated. In the first case, the proof is satisfactory that the point of vaccination was identical with that of inoculation, the state of the point of inoculation having been seen by Mr. Hutchinson while in a characteristic condition.

In the second case, the evidence is less irrefragable. There is only the patient's narrative of her symptoms for a history of the early stages of her disease, and a year-and-a-half had elapsed before she came under the reporter's observation. Mr. G. G. Gascoyen, criticising this part of the evidence, remarks that it is not impossible that the vaccination simply aroused into activity the syphilitic poison already contained in her body. Indeed, the evidence to show that syphilis entered at the point of vaccination is scant.

Next comes the question whether the vaccinifers had syphilis themselves. Here the evidence is less satisfactory than that reported two years ago. The appearance of the infants when employed as sources of lymph caused no suspicion; but it is not stated that a medical examination was made to ascertain their condition before using them, and when the hitherto unsuspected infants were examined, no symptoms pathognomonic of syphilis, and very few of any kind that could be attributed to that disease, were found. While pointing out the small amount of evidence to establish the presence of syphilis in the vaccinifers, it must not be forgotten that the great difficulty must always exist in such investigations; for naturally children who readily betray their syphilis would be rejected.

But let it be granted that both these cases may be added to the list of instances of vaccino-syphilis, the practical object is really to prevent their recurrence while extending the practice of vaccination. By simply demonstrating its possibility, even though as a rare clinical phenomenon, a great step is made. The great majority of vaccinators, not believing it possible took no special precautions against it. Now, on the contrary, they will take pains to satisfy their minds that the syphilis is not present in their vaccinifers; all other precautions being of small value.

For example, the continued discussion as to whether the vaccine lymph *per se* can communicate syphilis, though clinically interesting, is of minor consequence practically; no one would knowingly use a tainted infant as a source of his vaccine. Such evidence, indeed, as we possess, is entirely against the probability of the lymph itself being the vehicle of syphilis.— In our uncertainty, the blood, or serous part of the blood exuding into the vesicle when that is partly evacuated, or some adhering cells, have been suggested as the vehicle. It is an important clinical fact, that in every instance of vaccino-syphilis, other persons vaccinated from the same infant have had ordinary vaccinia but no syphilis. But that suggestion for its explanation are at present little more than pure conjecture. As has been pointed out, not a particle of testimony has been adduced to show that the vaccine lymph can convey syphilis. But this is not the present question: it is, can, or cannot, syphilis be detected in all persons who possess the power of imparting it to others? The tone of the discussion implied that it is impossible to do so, indeed this was so stated by Mr. Hutchinson; and acting upon this conclusion, precautions were proposed which, it is observed, would in practice seriously diminish the prophylactic power of vaccination against small-pox.

For example—it was recommended that lymph should not be taken from children less than three months old—in fact, six months was mentioned; from children whose parents were not known to the vaccinator, or who were the first-born of a family; that the government should increase the facilities for vaccination from the heifer, &c.

There is fortunately little evidence to show such stringent precautions are necessary. Proof is very small that children in whom the presence of syphilis cannot be ascertained by careful examination to exist, can communicate their disease; while there is much to show that syphilis is contagious only when processes are at work which betray its presence. Even the blood has been successfully inoculated only when taken while its owner was clearly suffering from the disease in full progress, and not always then.

For practical purposes, in the present state of our knowledge, we are justified in adopting the summary of *The Lancet*, on the conditions that must be *simultaneously* present for the contagion of syphilis by vaccination:— (1.) A syphilitic vaccinifer, (2) an active condition of the syphilitic element in the vaccinifer's blood; but at the same time (3) the absence of such obvious external symptoms as would deter any commonly upright surgeon from using the subject of them as a vaccinifer; and it also adds, (4) the gross imprudence of using the serum or blood escaping after the *first* evacuation of the vesicle.

These conditions, which need never be present together if ordinary care be exercised, must be co-existent to propagate syphilis, and they keep widely clear of that which, there is a strong reason to believe, is the essential condition for contagion, namely—syphilis in active and demonstrable progress.

BERKELEY HILL.

NÆVI AND WARTS.—Additional to the two methods recently published in the *Observer; one* recommending the pricking with needles and the application of Croton oil-- *the other*, the use of a burning-glass, I recommend a *third* method, which I have applied with perfect success, since about thirty years, and which I think is surer than the first and less painful than the last.

I use Kali-causticum, of which I break off a small piece, about the size of a small pea or less, according to the size of the Nævus,) and put it on with only one drop of water, which will be sufficient to dissolve it gradually. Soon a burning, but not severe sensation will be felt, and the Nævus will be penetrated and changed into a scab, which will soon heal and fall off.

The physician has only to watch the operation, that the Nævus is everywhere covered by the molten caustic potash, and that it don't run down upon the neighboring sound parts.

Warts on the hands can also be eradicated in this way, but they must be soaked in warm water, and the uppermost horny skin scraped off.

I have often earned the warmest thanks from ladies for removing large and disfiguring Nævi from their faces and necks in this manner, which is not in the least painful, nor leaves any, or only *very slight* marks.

Carmi, Ill. DR. M. FUNK.

SMOKED GLASSES.—The *London Medical Record*, vol. ii, no. 66, says' Dr. Dobrowolski, of St. Petersburg, writes (*Annales d'Oculistique*) to point out the objections which apply to the use of blue glasses, and the superiority of grey or smoked glasses. He argues that blue glasses will not diminish equally the amount of colored rays which reach the retina, inasmuch as they transmit a large number of the red rays in addition to all the blue and violet ; while it is essential that, in attempting to shield the eyes from too bright a light, the surgeon should employ some glass which will diminish in equal proportion all the rays which constitute ordinary sunlight. He argues entirely on the assumption that there are distinct set of nerves in the retina which are especially sensitive to certain rays of light, and asserts that these glasses protect most completely the nerves sensitive to yellow rays, a very little those nerves which are sensitive to red rays, and not at all those which perceive the blue or violet rays.—Another objection which he makes is that after wearing blue spectacles, the eye has great difficulty sometimes in accommodating itself again to ordinary sunlight.

On the other hand, Dobrowolski has great reason for believing that smoked glasses do not entail any of these inconveniences, because these diminish the passage of all rays equally, and do not render the eye that has been wearing them unable to adapt itself to ordinary bright light.

Diseases of Children.

THOMAS NICHOL M. D., MONTREAL, CANADA, EDITOR.

CHOLERA INFANTUM.

BY WM. C. RICHARDSON, M. D., ST. LOUIS, MISSOURI.

No physician, I believe, will dispute me when I make the as it may seem the astonishing assertion, that one-third of *all* deaths occurring among children under three years of age, are caused by cholera infantum and its sequelæ.

Among the people it is customary to designate every case of bowel disease occurring to children, whether it be an indigestion, inflammation, or any one of the other numerous intestinal disorders that childhood is peculiarly liable to, as *summer complaint*, and physicians, unfortunately have fallen into the same general error, only desiring to appear less vulgar and more mystical in their expression, they make use of such high sounding, technical, and as their imagination leads them to believe, more comprehensive appellations of cholera infantum, tabes-mesenterica, marasmus, &c., which if anything, are far less appropriate in a majority of instances, than grandmother's simple, and to a partial extent expressive designation of summer complaint.

Now, what are we to understand by the appellation of *cholera infantum?* Simply nothing more or less than what is expressed—*cholera of infants*, and not by any means a diarrhœa, dysentery, uræmia, or as some would have us believe, gastromalacia! My intention in thus particularly trying to impress upon the mind of the profession what cholera infantum is not; (farther on I shall endeavor to show *clearly* what it is.) is my honest conviction, that did physicians give more attention to the diagnosis of infantile disease, the treatment of this class of maladies would accordingly become more rational and less routine than it now lamentably is, and consequently the little innocents would have the benefit of properly selected and appropriate remedies—the frightful and seemingly unaccountably large mortality list would be greatly diminished; parents would be doubly grateful to the physician who gave the same careful attention to their babes that he did to the older but no more esteemed members of their family, and physicians themselves would feel a deep, though perhaps inexpressible consciousness of satisfaction on not being called upon so frequently to sign mortuary certificates.— Right here I cannot forbear quoting from Dr. J. W. Thrailkill's most admirable little "Essay on the Cause of Infant Mortality,"—he says:—

"The physician occupies a peculiarly responsible position in society; one that is not well understood nor appreciated.— The patient sins against nature by disobeying the organic laws—those laws established by the Creator for the regulation and government of this physical existence. After the sin has been committed, and the patient feels the infliction of the penalty (that is the disease,) coming on him, the physician is sent for to reprieve him from the punishment. The physician thus becomes the mediator between the sinner and the offended law, and offers as a propitiation for the sins of his patient the means which bounteous heaven has so munificently bestowed for the purpose, in the shape of remedies. Hence, the true physician is the servant of the Divine Master, interpreting His will in the great book of nature before us, and dispensing out his blessings to many an unworthy sinner. But in the case of the child the parents are morally responsible for the sins committed against nature's laws, although the penalties fall upon it alone. The physician in thus assuming the functions of an interpreter of nature and a dispenser of her blessings, often takes into his hands the reins of life and death, and should feel the high order of the responsibilities resting upon him."

From the extreme susceptibility of the infant constitution to the action of both disease and medicine, the responsibility of the physician is much greater in treating this class of patients than it is in the treatment of adults. The life-power of the infant, compared to that of the adult, is as a candle to a blazing furnace. The one may be blown out by a blast which would but serve to increase the other's heat. Hence the necessity of treating these little beings with the greatest circumspection and the mildest and gentlest medicines. The physician may fire away at his adult patients with all the artillery of the apothecary shop, day after day, and week after week, and nature will finally come off victorious, and restore the patient in spite of the disease and the treatment, and the physician will get all the glory of the victory. A little anecdote will illustrate the practice of some physicians admirably.

Two men were riding together along the road, one a little in advance of the other; the foremost man rode under a swinging limb of a tree; as he did so, he caught it, and pulling it after him as far as he could, then letting it go, it flew back and knocked the hindmost man from his horse. He got up, badly hurt, thanked his companion, and told him that if he had not held that limb as long as he did it would have killed him.

Just so do many physicians get the credit of saving their patients lives by almost killing them. However much undeserved reputation physicans may gain by such practice among adults, it proves a blighting ruin to little children. Even those it does not send to the grave, often have implanted in their very vitals the seeds of some lasting infirmity."

CAUSES.

Cholera infantum is similar to the cholera morbus of adults, inasmuch as it is like the latter, usually most prevalent in an endemic form during the warm season, and especially during hot damp weather, and is precipitated by impure vegetables any indigestive or irritating substances partaken of by the nursing mother or the child itself.

Whether cholera infantum, cholera morbus, or even epidemic cholera be dependent on atmospheric spores, germs, or an inadequate supply of ozone in the air, will not be discussed here, especially since there has been so great a variety of opinions on the subject in scientific circles and as we have no positive proofs *pro* or *con* ; it may, however, *en passant*, be remarked, that it is a fact well known and admitted by every observant practitioner, that at least the two former disorders, whatever the immediate or exciting cause may be, are invariably found to occur in greater frequency during those seasons that are characterized by frequent showers of rain followed by hot sunshine, or in other words, seasons that are peculiarly well qualified for their favorableness to rapid vegetable decomposition.

Among the remote causes of cholera infantum, it may be well to mention violations of respiratory laws ; this may appear a little *far-fetched*, but as farther on I shall satisfactorily I believe, show that the disease under consideration is *dependent* on a decomposition or a disintegration rather, if you will, of the blood, it will be very easy to comprehend how an impure atmosphere inhaled into the lungs, the purifying chambers of the blood can lead to cholera infantum. We all know that physicians in crowded cities where the air is necessarily injurious, after failing to cure cases of this disease, invariably and almost always with good results, send the little sufferers to the country, where it is nothing but the pure air, and perhaps a change of diet that effects a cure that no amount of medication could do.

I shall again quote from Thrailkill—" Most persons (and he might add physicians) have a vague idea that it is unhealthy, especially for children, to breathe an impure air ; but very few know anything more about the matter than this. What constitutes pure air and the purpose it subserves in sustaining life, and also what constitutes foul or impure air and the sources that give rise to this and the evils it engenders to health, the vast majority of the people are about as ignorant of as 'the man in the moon.'

The chief sources of impure air in cities are animal and vegetable substances in a state of decomposition, and the unhealthy qualities which the air acquires by its stagnation in confined places. All organic substances, that is everything of vegetable or animal origin, as soon as life is extinct begins to decay, to decompose, to pass back again into their original simple elements, from which the life-power drew them by its organizing force. During the process of decay, many substances become volatilized and float about in the air as gases. These gases when breathed or absorbed by the skin, become detrimental to health in various ways, depending on their quality and quantity. They may disturb the healthy equilibrium of the air, either by diminishing its free oxygen, by forming new compounds with some of its elements, or by simply mingling with it a foreign substance. Heat and moisture hasten the processes of decomposition and volatilization ; hence, it is that the air in cities is much less pure in summer than in winter.

The poisonous qualities of decaying substances cannot be measured by the amount of odor they emit. The vulgar notion prevails that a decaying substance cannot be detrimental unless it stinks. It should be borne in mind that the most deadly atmospheric poisons produce no perceptible impression on the senses. Their presence is only known by their toxical action on the system. In fact, those substances that emit an odor give off their particles in so gross a form that they seem to deterioate the air, either by simply diluting it so that the same volume contains less life sustaining element, or by uniting with its oxygen and thus generating carbonic acid and other detrimental compounds ; while more deadly miasmas and contagions are so attenuated as to pervade the air without disturbing its elements, as electricity pervades gross matter.—Air soon becomes unhealthy by stagnation even as water does.

Children kept in-doors during the winter, in dark, overheated, ill-ventilated rooms, die by the heats of summer. It is my opinion that one of the chief causes of cholera infantum in our cities during the summer months originates in the bad management of children during the winter. This bad management consists in keeping them too much confined in ill ventilated, over-heated and frequently foul rooms. By this treatment they become so enervated that the heats of sum-

summer destroy them by this terrible disease. That it is not the action of the solar heat alone that produces this disease is evidenced, by the fact, that it is actually less prevalent in the south than in the north. There is actually less mortality from cholera infantum in the cities of Charleston and New Orleans than in New York, Philadelphia and St. Louis—the winters being so mild in the South that children are not kept confined in-doors so constantly, nor for so great a length of time as they are during the winters at the North. Therefore they are able, in the former situation to withstand even a greater heat with less mortality from the disease."

Cholera infantum attacks in preference usually, first, children that are characterized by being large, fat, and to all appearances the very ones that one would think should escape it—indeed, their constitution and health to all outward appearance is excellent; but they are really far from being in a healthy condition, for their seeming robustness is in the highest degree artificial, and the result of a systematic swill feeding, whether it be from nourishing them with milk obtained from cows that are fed on brewery slops, as is done by all, or nearly all dairymen in our large cities, and their vicinity or by the mother allowing herself to be argued into the equally pernicious belief that lager-beer, the refined slop of the brewery, will increase the amount and improve the quality of the secretions of the lacteal glands.

I say, the mother permits herself to be argued into this belief, advisedly, for her natural taste instinctively, in nearly every instance leads her to abhor the (to her) vile stuff; and it is only after long perseverance and great effort to overcome natural disinclination, in most cases, that she can accustom herself to drink it at all. Beer may be well enough in its proper place, but experience and analysis have satisfactorily proven beyond a doubt, that its place is not the stomach of the nursing mother. Thus we see that large, artificially nourished children furnish the most numerous victims to this disease.

Among children peculiarly predisposed to cholera infantum, we find secondly, children that are born of diseased and enervated parents, who are not possessed of vital force enough to sustain their own crumbling organisms, much less furnish the vital animus upon which infants are principally sustained during the first year or two of their existence, and it is among this class of scrofulous, rachitic children that cholera infantum if not so liable to attack, as those first described as being poorly nourished, is more fatal and tedious to treat.

Cholera infantum, owing to the irritated and excitable condition of the whole system during that most critical era of a child-life, is peculiarly obnoxious to children during the period of dentition. In fact, it is safe to say, that it numbers three-fourths or more of *all* its victims from among children between the ages of nine months and two years, or in other words—the period of dentition. It is especially liable to attack those who are in the least constitutionally predisposed directly after weaning.

In nursing children, a return of the menses will not unfrequently act as an exciting cause ; mental agitation, improprieties in diet, purgative medicines, etc., are exciting causes, acting through the maternal parent.

Having thus very briefly referred to some of the most principal conditions favorable to the causation and development of *cholera infantum*, I shall at once pass to the symptoms.

(*To be continued.*)

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

NO. XV.—ASTHMA.*

Opinions differ very much as the value of *Arsenicum* in asthma. Dr. Bayes' whose bright book is one of the most readable that has appeared of late years, says, that "in asthma I have seen occasional good result from Arsenicum, but have never seen it cured by this medicine"—while Dr. Bernhard

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* Continued from page 172, March, 1874.

Bæhr, whose great work entitles him to rank as an authority of the first class, avers that "Arsenicum album is undoubtedly the safest remedy for asthma ; it not only corresponds to the simple spasmodic uncomplicated asthma, but likewise to the secondary forms of asthma which owe their existence to the most diversified affections of a more primary character."—Kreussler asserts, that "in cases of years standing, Arsenic affords only temporary relief, although it is perfectly adapted to the severest forms of recent asthma," while Ruddock, at least of equal value as an authority, says "that it is especially useful in chronic asthma," and Dr. Richard Hughes says, that "Arsenicum is the best medicine where bronchitic asthma tends to become, or has become, chronic." Dr. Laurie considers that, in confirmed asthmatics, it forms a most important remedy.—In my own practice, I have repeatedly seen radical cures of both acute and chronic asthma with this remedy, though I agree with Dr. Ruddock, that it is of especial value in the chronic form.

Arsenicum is an invaluable remedy when the asthma results from suppressed eruptions, and when it also attacks children of feeble and impaired constitutions. It is also of great service when the asthma—which is here merely symptomatic not idiopathic—depends on disease of the heart, or upon pulmonary emphysema or œdema, or upon chronic bronchitis. Dr. Nunez, of Madrid, points out that Arsenicum is curative in the nervous asthma resulting from the suppression of dry eruptions, such as lichen, on the palm of the hand. All experienced practitioners can confirm Bæhr's remark, that "in the asthmatic paroxysms of tuberculous patients, Arsenic has always left us in the lurch."

Bæhr remarks, "we dispense with the enumeration of individual symptoms, since every somewhat violent attack of asthma corresponds to Arsenic." Now Bæhr is one of the first minds in our school, and he has, perhaps, no greater admirer on this side of the Atlantic than the writer, but I most emphatically dissent from a statement which strikes at that individualization of cases which is of the essence of homœopathy.

Is Arsenicum adapted to *all* cases of asthma without exception? Surely not. If not, then *we must diagnose the remedy as well as the disease.*

The Arsenicum asthma, as a general rule, attacks fiercely and soon reaches its acme. "The more the patients seem on the point of suffocating; the more painful and distressing the restlessness; the more wheezing and louder the respiration, the more Arsenicum will be found appropriate."—[Bæhr.] Laurie remarks that this remedy is indicated when the paroxysms of asthma are most liable to occur on retiring to rest, or before midnight, the patient being disturbed from sleep by a sense of spasmodic constriction in the chest, and upper part of the windpipe, which is soon followed by laborious panting. and whistling respiration, with gasping for breath. The respiration is attended with extreme agitation, restlessness and moaning; extreme anguish and exhaustion, as if at the point of death, with cold perspiration. The dyspnœa is difficult and stifling, with suffocative attacks occurring in paroxysms.—The cough is frequent and exhaustive, and is attended with constriction in the trachea and followed by suffocative fits.—There is often an accumulation of thick phlegm, and the paroxysms grow lighter on the appearance of cough with expectoration of mucus or viscid saliva. There are also present violent palpitations of the heart, with small, quick and intermittent pulse, together with dry burning heat, alternating with cold perspirations. The prostration is extreme, and children who are old enough complain of the well-known burning heat in the chest. The face is pale or bluish, with an anxious or desponding expression. The consequences of the paroxysm remain for a long time, and prostration and nervous debility are peculiarly prominent.

The asthmatic paroxysm to which Arsenicum corresponds is excited by active exertion, even by getting into bed; by talking or laughing; by changes in the atmospheric temperature, and also by warm or tight clothing. The paroxysm is aggravated by lying down, and relieved by sitting erect and by bending forward, and Hartmann adds, that "the patient cannot speak a word without making the asthma worse."—Arsenicum is well-known to be adapted to night paroxysms, but it is likewise suitable to attacks coming on during the day.

As to the dose, Marcy says, that "the first to the third trituration may be employed, regulating the repetition according to the urgency of the symptoms." Drs. Marcy and Hunt give a still larger dose, and advise the exhibition of a preparation of Arsenic seldom used in homœopathic practice; "the Liquor Arsenicalis is said to be much more efficacious than the *Ars. alb.* It seems to be more prompt and energetic when Arsenicum is indicated. It should be prepared with distilled water instead of alcohol. The most efficacious and satisfactory method of treating asthma,is with the Arsenical solution—1st dilu. and Kali-hyd, first trituration (dec.) in alternation, every hour or two, or three times a day, as circumstances demand." Bæhr judiciously remarks, "during the apyrexia, the remedy had better be administered at long intervals and in the higher attenuations, although the success which 'old school' practitioners have attained with Fowler's solution, justifies the conclusion that massive doses are likewise condusive to a cure. The danger is that massive doses may affect the stomach injuriously." My own experience is in favor of the administration of Arsenicum, from the 12th trituration to the 30th dilution during the interval, giving the 6th to the 12th decimal triturations during and immediately after the actual attack. I have had no experience with Fowler's solution.

Nux vomica is decidedly the leading remedy when the innervation of both branches of the pneumogastric nerve—its gastric as well as its pulmonary portion—are alike vitiated, and then the dyspepsia and the asthmatic affections are inseparable parts of one whole. Here, as Dr. Salter remarks, the dyspeptic symptoms are the manifestations of the gastric portion of this deranged innervation and the asthma of the pulmonary portion of it, and in such cases Nux vomica is at once suggested to the mind of the practitioner. Dr. Ruddock remarks," Nux is probably the best anti-asthmatic remedy. It is homœopathic to that condition of the digestive system which is the most common cause of irritation which results in bronchial spasm. Nux vomica is about the best curative medicine we have for simple 'spasmodic' asthma where there is no bronchial lesion, but a standing reflex excitability of the pneumo-gastric to impressions from without or through the stomach. One of the early cases which made Hahnemann famous, was of this kind, and the Nux was given in material doses. Dr. Kidd, also, states that he considers it our best anti-asthmatic." While the gastric origin of the Nux asthma is often unmistakably evident, the paroxysm itself often depends upon congestion of the lungs, and it is a characteristic symptom that *the oppression is more troublesome than the spasmodic symptoms.*

The attack is almost invariably preceded by symptoms of congestion of the lungs; nightly attacks of suffocative tightness, especially in the lower part of the chest, accompanied by disagreeable or anxious dreams; shortness of breath on moving; constriction of the chest, with want of air on going to bed; aching pain and anguish in the region under the heart and in the region of the hypochondria; tension and pressure in the chest, which seems to be constricted in its transverse direction. The cough is short and hacking, with difficult expectoration which becomes looser toward morning, or the cough may be dry and concussive. It is a characteristic sign that the lower part of the thorax is almost immoveable, while the abdominal respiration is quite marked. The abdomen, especially in the region of the stomach, is much distended with flatulence, accompanied by bitter or acid eructations and griping or contractive pains. The dyspnœa is increased by physical exertion of almost any kind, by eating and by lying down in the evening. The asthma is diminished by reclining on the back, or on changing from one posture to another, or by turning from one side to another. The disposition is passionate and irritable, with frequent bursts of ill temper.

"After the paroxysm subsides, it leaves a condition of the digestive organs for which *Nux vomica* is the great remedy.—The tongue is coated with a thick, yellow fur; there is often a slight nausea, flatulence and constipation. Besides the breathing is seldom quite right; generally there remains a sort of a physical memory of the struggle. The patient feels that no liberties must be taken either of diet or exercise. Out of this secondary state of bondage nothing will liberate so effectually as *Nux vomica*."—[Dr. Russell.]

Drs. Marcy and Hunt recommend the 3rd to the 6th dilutions to be used; Caspari the 12th; but Dr. Bayes thinks that from the 6th to the 30th act better than the lower, an opinion with which the present writer heartily agrees.

For the last fifteen or sixteen years the writer has been in the habit of looking upon *Aconite* as one of the very chief of our anti-spasmodic remedies, and of late years the same view has been taken by some of our best writers and practitioners. Hempel asserts that in "spasmodic asthma, when resulting from exposure to keen wind, or from the retrocession of some acute eruption, acute nettle rash, or the like, Aconite will be found invaluable; the orthopnœa of Aconite is equivalent to an attack of spasmodic asthma." Dr. Hughes says "when the asthma is bronchitic, I agree with Drs. Russell and Blundell in considering Aconite the best palliative." It might have been added, that the remedy is curative as well as palliative—that is, in cases in which it is homœopathically indicated. Dr. Ruddock says, "the striking power of this great remedy in affections of the pneumo-gastric nerve, characterized by imperfect and labored breathing, has suggested its use in spasmodic asthma, during the paroxysms of which we have often administered it with marked and speedy relief." In his admirable Vade Mecum, Ruddock reports a case in which the action of Aconite was very marked indeed, and on the whole, we may say, that this great remedy is taking its position at the head of the remedies with which we combat asthma.

Aconite, then, is the appropriate remedy when the patient is of full and plethoric habit, when the asthma results from a sudden cold, also in cases in which the attack follows the suppression of an acute rash. Oppressive anxiety, dyspnœa and labored action of the heart are leading indications for Aconite, and unless these are present, but little good need be expected from it. The cough often comes on at night; a rough, spasmodic, croaking cough as if the child would suffocate, with hoarse and barking voice and spasmodic constriction of the chest and throat. The respiration is short, anxious and difficult, with open mouth and inability to utter a single word distinctly. There seems to be a constriction of the chest present, and as the spasm relaxes the expectoration is yellowish or blood-streaked. During the attack the patient is peevish, restless and irritable, and even in young children the characteristic dread of death is seen. The pulse is small, irregular and intermittent, and the heat of the surface is considerable.

All dilutions of Aconite have proved curative from the Hempelite mother-tincture to the Hahnemannian 30th; but my experience is in favor of the triturations from the 4th to the 12th, given in small but repeated doses.

Ipecacuanha is one of the first remedies of which we think in an attack of acute asthma, and it is worthy of the place which it holds. It is a leading remedy in recent cases, particularly in young children, and it is likely to be indicated in cases caused by the suppression of miliaria or urticaria, and also by the inhalation of dust or irritating vapors. Dr. Hughes remarks, "it is in this variety (the bronchitic) that I consider Ipecacuanha homœopathic, and not, as Dr. Russell seems to think, to pure nervous cases. It is especially indicated where there is much cough." Dr. Laurie says, "during the paroxysm of acute asthma, this remedy is one of this most frequently useful, whether the attack occurs in children or adults." Almost the only unfavorable testimony the writer has seen is from Dr. Bayes, who, in the frank manner which gives such a peculiar charm to his writings, says, "in asthma, Ipecacuanha has disappointed me. I have seen some benefit from its use, but far less than I was led to expect from its pathogenesis."

The leading indication for this remedy is, that there is spasmodic constriction of the air-passages and accumulation of mucus in them. There is the feeling of tightness in the chest, which may be quite distinctly made out even in very young children by stripping them and noting the motions of the chest, with rattling and panting in the windpipe which is full of mucus. The cough is short, dry and troublesome, with quick and laborious breathing, and a good deal of gasping for breath, Sometimes the cough appears to be excited by a tickling commencing in the upper part of the throat and extending to the extreme ramifications of the bronchial tubes; at other times, the stethescope shows that the spasmodic constriction of the bronchial tubes is the essence of the morbid state. Nausea with cold sweat on the forehead is also present, with small and slow pulse, or nausea before the attack and vomiting, mostly bile during or nausea before or after the attack. The tongue is coated and the appetite is deficient. The face is pale and cold, and this state sometimes alternates with heat and redness. The hands and feet are cold, and in aggravated cases, there is tetanic rigidity of the body with lividity or bluish-redness of the face. The mind is anxious and morose, or irritability, impatience and fear of death are present.

As to the dose, practitioners vary greatly. Caspari advises the 3rd attenuation, either one drop in water, or in the form of globules, repeating it every two or three hours, as its action is soon over; and Hale, for all the remedies he mentions for this disease,directs a dose of three or four globules to be given every three hours. On the other hand, Ruoff, gives a drop of the 1st dilution every evening, and Marcy gives from the 1st to the 3d attenuation. Ruddock gives a dose every ten or fifteen minutes during an attack; afterwards every three or four hours, and this is what I have been in the habit of doing for many years past, using the lower triturations, say from the 3rd to the 6th decimal, during the attack, and the 12th trituration during the interval. I would add, that I have found the triturations of the powdered root much more effective than dilutions of the mother tincture.

Belladonna has always been looked upon as being a leading remedy in the asthma of children, and yet Hartmann says, that he does "not consider it necessary to describe the symptoms more particularly," while Lutze (not quite so good authority) says, that it is "suitable for the same symptoms as Aconite, or in case Aconite should not be sufficient"—a piece of inexcusable routinism. Belladonna is a most useful remedy in recent cases with a tendency to congestion of both lungs and brain, especially when the patient is plethoric in habit and irritable in disposition. A tendency to spasmodic affections would constitute another leading indication. Hartmann considers that it often proves radically curative after the exhibition of some intercurrent remedy, particularly in cases which have not become too chronic by repeated relapses.

In cases where Belladonna is indicated, a more or less marked congestion of the lungs is present; oppression in the chest and loss of breath; tightness in the chest,and stitches under the sternum ; dry cough at night with moaning respiration, which is sometimes deep and full, at others short and rapid, with gasping for breath and great efforts to dilate the chest to the utmost to obtain a sufficient supply of air ; the respiration is with open mouth and great working of the chest ; the cough is generally dry at night, with expectoration after long spells of coughing ; sensation of constriction in the upper part of the windpipe, with danger of suffocation on touching the larynx or on turning the neck ; uneasiness and beating of the chest, with palpitation of the heart ; asthmatic paroxysms, with loss of consciousness ; vertigo when rising from a recumbent posture ; often dyspnœa is so great that the patient cannot lie down. The face is red and flushed, the skin is inclined to warmth, and the pulse is small and contracted.

Drs. Marcy and Hunt advise the administration of a dose of the 2nd or 3rd dilution every hour or two, until an impression is produced. Most likely the centesimal preparations are intended, but even these would be too material for sensitive children, and from the 12th to the 30th dilutions would be more suitable.

Bryonia is the appropriate remedy when the asthma originates from or is complicated with catarrhal and pulmonary maladies, and it is of use in cases arising from suppressed eruptions or partially developed rashes. The leading idea of the Bryonia asthma is, that it is worse by motion and in the night, with pain in the chest.

The paroxysm of the Bryonia asthma usually occurs at night, and it is almost invariably preceded by catarrhal symptoms. Difficult breathing and loss of breath, especially at night and toward morning; aggravation of the dyspnœa from talking or from the slightest movement; this difficulty of breathing is often accompanied by stitching pains, inability to lie on the right side, and not without inconvenience on the left, so that the patient is constrained to lie on the back; frequent efforts to obtain sufficient air by deep inspirations, accompanied with moaning palpitation of the heart, and great anxiety. The cough is hard and frequent, with expectoration at first frothy and subsequently thick and glutinous, frequently attended with retching and vomiting; the patient feels relieved after expectorating or rising from a recumbent position; frequent stitches in the chest, especially during an inspiration and when coughing, also during motion; at other times there are oppressive, tensive or contractive pains in the chest, and the asthmatic attacks are often attended by shootings in the lungs on taking a full inspiration, also on coughing or after any movement of the arms or trunk. Often gastric symptoms are present, bitter or acid eructations or eructions tasting of the food, colic, pressive pains in the head increased by motion; and the characteristic mental symptoms prevail, irritability of temper and disposition to find fault with every thing.

Laurie and Caspari say that Bryonia and Nux vomica are often administered with great advantage in alternation, and Ruoff reports a cure which followed these remedies given in that manner; but as the symptoms of Bryonia are quite distinct from those of Nux vomica, it will be better and more scientific practice to discriminate carefully between them, and then give the indicated remedy, singly and alone. More valuable is Jahr's therapeutic hint, that Bryonia is frequently suitable after Ipecacuanha in acute Asthma. T. N.

(*To be continued.*)

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR

ORGANIZATION OF A WESTERN ACADEMY OF HOMŒOPATHY.

Pursuant to a call issued by the committee in whose hands the matter of a formation of a *Western Academy of Homœopathy* was placed by the last general session of the Kansas and Missouri Valley Medical Society a number of physicians met at the Homœopathic College, 1006 Locust street, St. Louis, September 15th, to consummate that object.

Dr. James Lillie, of Kansas City, called the meeting to order. Upon motion, Dr. Mayer Marix, of Denver, was appointed temporary chairman, and Dr. Ferd. C. Valentine, temporary secretary.

The chairman stated the object of the gathering—the organization of a society which should embrace all that portion of the Union west of the Mississippi, and all east that should think proper to join the organization. The society which the meeting was about to organize was in no ways antagonistic to the American Institute of Homœopathy, but in sympathy with it.

MEMBERS PRESENT.

The chair appointed Dr. R. H. MacFarland, of Kentucky, Dr. Enos, of Illinois, and Dr. Hill, of Iowa, a committee on credentials, who reported the following gentlemen entitled to seats in the convention :--

Dr. W. C. Richardson, St. Louis ; Dr. W. H. Parsons, Atchinson, Kan.; Dr. S. L. Savage, Edwardsville, Ill.; Dr. W. Story, Alton, Ill.; Drs. J. T. Stevens, P. G. Valentine, F. C. Valentine, J. H. Bahrenburg, J. A. Campbell, A. S. Everett, St. Louis ; Dr. S. R. Breed, Duquoin, Ill.; Dr. George H. Blair, Fairfield, Iowa ; Dr. C. W. Enos, Jerseyville, Ill.; Dr. E. C. Franklin, St. Louis : Drs. R. L. Hill, E. R. Jackson (by proxy), Dubuque, Iowa ; Dr. W. C. F. Hempstead, Edwardsville, Ill.; Dr. S. W. Green, (by proxy), Manchester, Iowa ; Drs. C. H. Goodman, E. A. Grievsand, J. M. Kershaw, St. Louis ; Dr. James Lillie, Kansas City ; Dr. C. Linck, Litchfield, Ill.; Dr. W. E. Lemon, Lacon, Ill.; Dr. W. D. Lemon (by proxy), Warsaw, Ill.; Dr. H. W. Miller, Independence, Kan.; Dr. W. B. May, St. Louis ; Dr. M. M. Marix, Denver, Col.; Dr. Alex. Weth, Washington, Mo.; Drs. A. E. Riess, Charles Heinzel, Charles L. Carriere, St. Louis.

Dr. C. W. F. Hempstead, offered up prayer.

Dr. E. C. Franklin, of St. Louis, then delivered an able and cordial address of welcome.

CONSTITUTION AND BY-LAWS—MEMBERS.

On the motion of Dr. Franklin, the chair appointed the following named gentlemen a committee to draft by-laws and constitution for the proposed organization : Drs. E. C. Franklin, W. H. Parsons and W. H. Blair.

The convention adjourned.

The convention upon reassembling was called to order by the temporary chairman.

Dr. E. C. Franklin, chairman of the committee on constitution and by-laws, reported, and submitted a constitution like to that of the American Institute of Homœopathy, also a set of by-laws for the future government of the Academy.

The different sections of the constitution and by-laws were read separately, and adopted *seriatim.*

Some little discussion took place as regards who should be admitted to the Academy, and whether the names should be submitted to the committee of Censors or to the members of the Academy. It was finally settled that the Censors should pass upon the qualifications of all applicants.

OFFICERS OF THE ACADEMY.

The convention then proceeded to the election of permanent officers—The election was made by ballot, which resulted as follows :—

President—*Dr. Mayer Marix*, of Denver, Colorado.

Vice President—*Dr. George H. Blair*, of Fairfield, Iowa.

General Secretary—*Dr. Ferd. C. Valentine*, of St. Louis, Missouri

Provisional Secretary—*Dr. W. C. Hempstead*, of Illinois.

Treasurer—*Dr. R. H. MacFarland*, of Kentucky.

Committee of Censors—*Drs. James Lillie*, of Kansas City, *R. L. Hill*, of Dubuque, *W. H. Parsons*, of Atchinson, Kan., *W. C. Richardson* and *A. E. Riess*, of St. Louis.

The proceedings of the convention were satisfactory and harmonious, but we cannot give them in full, not having received any official report.

SURREJOINDER.

In the " Rejoinder" of Dr. H. W. Taylor, which appeared in the September number of the *Observer*, I read—"As a specimen of school-boy absurdity in the line of logic, I quote from his article :—

. . . . . . But what lies behind the dilated vessels, the stagnant blood, the effusion of pneumonia ? *Nothing whatever*"*!* (the italics are S. S. C'.s the "astonisher" is mine.)

This is a choice bit of etiology for which many of us will be grateful.—In pneumonia the capillary blood vessels of the lungs dilate, "just for the fun of the thing you know"; and the blood "stagnates" "bekaze it du." what a magnificent display of etiological acumen !

" Now will I laugh to scorn my winter great coat, learning that a sudden change of temperature from 90° to 8° did not "lie behind" my attack of pneumonia last winter. Although as a remarkable coincidence, my sickness was immediately preceded by a long ride into the country, began in such haste as to cause me to forget my 'wrappings,' until I was chilled to the very marrow, and three miles from my office."

I submit that what I did say was as follows :—" It is true that syphilitic virus lies behind the indurated chancre, and all the other manifestations of syphilis, and this virus—which, however, we only know by its effects—is the real enemy which we oppose ; but what lies behind the dilated vessels, the stagnant blood, the effusion of pneumonia ? *Nothing whatever*—and those lesions constitute the proximate cause of which the factors were the predisposing cause and the exciting cause." Now if Dr. Taylor had read his "few standard works on pathology" with ordinary care, he would have understood that when I spoke of " the predisposing cause and the exciting cause" I alluded to just such a state of things as a long ride into the country, minus "wrappings," during a sudden change of temperature.

S. S. C.

AMERICAN INSTITUTE OF HOMŒOPATHY.

DEPARTMENT OF MATERIA MEDICA.

At the recent session of the Institute, the *Bureau of Materia Medica* selected, as the subject for study during the current year, and for report and discussion at the next session, the very important topic which was proposed, but not discussed by the Bureau last year, viz :—

" PRIMARY AND SECONDARY SYMPTOMS OF DRUGS."

The Chairman of the Bureau earnestly requests, and will be most happy to receive communications from members of the profession conveying their views and observations or experiences supposed to elucidate any portion of this subject.

To show its importance and magnitude, it is enough to state, that some members of the profession deny that there is any good ground for dividing the symptoms of drugs into primary and secondary symptoms ; while among those who admit such a division and use these terms, there is a great diversity of opinion, as to *what constitutes a primary* or a *secondary symptom ;* as to the relation which these symptoms respectively bear to the physiological condition of the organism ; and as to the *mode of distinguishing* primary and secondary symptoms.

The first division of the subject therefore, comprehends *the defining and distinguishing* of primary and secondary symptoms. But granting that we have a definite idea of these classes of symptoms and can recognize and *distinguish* them—what practical use may we make of this knowledge? The highest authority in our school, at one time pronounced *primary* symptoms of drugs to be *the only ones* on which the selection of the remedy should be based. Others have seemed disposed to say the same of *secondary* symptoms. The majority of practitioners have, perhaps, very misty and ill-defined notions on the whole matter.

The second division of the subject then is: What is the value of the primary and secondary symptoms of drugs, and of the distinction between them, *as guides in the selection of remedies in practice.*

And a third division involves the question of the importance of the distinction between primary and secondary symptoms of drugs as AFFECTING THE SIZE AND REPETITION OF DOSES IN PRACTICE. Some physicians have maintained that the solution of the "vexed dose-question" is closely connected with the distinction between these classes of symptoms.

It is to be hoped that every member of the profession who has thought definitely or made observations in connection with this subject, as above unfolded, will communicate his views and *data* to the Chairman of the Bureau, that the Report may be as complete as possible.

The Bureau have selected SEPIA, as the drug to be proved during the current year, and they hope to be able to present to the Institute a reproving of this important remedy, which may, at least, equal in thoroughness and value the famous reprovings of the Austrian physicians.

All provers and provers societies throughout the country are earnestly invited to adopt this drug as the subject of their experiments during the present year, and to communicate the results to the Bureau of Materia Medica of the Institute.

The classes in several of our Colleges (male and female)—and it is to be *hoped* in *all* of the colleges—as well as the members of several societies, will prove SEPIA under the supervision of members of the Bureau.—The provers will be strictly cross-examined respecting their reports; and the symptoms and the pathological conditions which they present will be severely scrutinized by the Professors of Physiology, Chemistry, Gynæcology, &c., wherever the skill of these experts may be available to test the accuracy or more exactly define the statements of a prover. Thus, it is hoped the investigation of the provers may, to a good degree at least be subjected to the tests which the science of to-day affords and requires.—A similar method should be pursued by every provers' society.

The Chairman of the Bureau will be glad to receive reports as early as May 1st, 1875, that they may be properly incorporated in the Report of the Bureau, in which due credit will be given to every society and individual prover.

Irvington-on-Hudson,
Westchester Co., N. Y.,
October, 1874.

CHARLES DUNHAM, *Chairman.*

Personal Notices, Etc.

MARITAL.

BLAKELEY—SOUTH. We observe with much pleasure a notice of the marriage of our worthy colleague, W. H. Blakeley, M. D., of Bowling Green, Kentucky, to Miss Hettie E. South, on the 15th of September :—

> “The true wife is to the true husband,
> Set
> Like perfect music into noble words,”

DIRECTORY OF OHIO HOMŒOPATHS.—The urgent need of a complete and reliable Directory of the homœopathists of Ohio, caused our State Society, at its last meeting to appoint a committee to compile such a directory. To accomplish this work as it should be, it is necessary that every homœopathic physician of the State exert himself and immediately send the committee his own address, the name of his *Alma Mater*, date of graduation, and the date when and by whom homœopathy was first established in his County. Any other information will be thankfully received.

Cleveland, Ohio. J. PETTET, *Chairman.*

HOMŒOPATHIC MUTUAL LIFE INSURANCE CO., OF NEW YORK.—*The New England Medical Gazette*, says : “*A Gratifying Record.*—We are especially pleased to notice the steady and constant progress and growth of the *Homœopathic Mutual Life Ins. Co.*, of New York City.—Although this year has been one of unusual business dullness and depression, we are informed that the business of the Company, has each month shown a gain over the corresponding month of last year. Under its present intelligent, enterprising, and economical management, the large success of the Company cannot be a subject of doubt.

The members of our profession can do themselves no better service than by aiding the Company in its good work ; for no instrumentality is doing more for the advancement and popularization of our system of medicine than the *Homœopathic Mutual.*”

ERRATA.—Page 456 third line, for ‘literal’ read lineal.
“ 460 fourth line from bottom, for ‘hair’ read brain.
“ 461 sixth line from bottom, for ‘phantom’ read phantasm.
“ 464 fourth line, for ‘Welsche’ read Walshe,
“ 464 sixteenth line, for ‘Olshne’ read Oldshue.
“ 525 twenty-sixth line, for ‘began’ read begun.
“ 525 third line from bottom, after organism insert—*constitute the true and only guide to correct prescribing.*
“ 526 ninth line from bottom, read—with all mankind there is my heart, &c.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

OSTEOPLASTIC RESECTION OF THE EXTERNAL NOSE, FOR THE REMOVAL OF NASO-PHARYNGEAL POLYPUS.

BY DR. O. KARPINSKI.

Dr. Paul Bruns published 1872, "A new method of temporary (osteoplastic) Resection of the External Nose, pharyngeal polypi," which offered as essential advantages; a direct way to the places of insertion of the polypus; it allowed a wide space for the introduction of instruments; hæmorrhage after total or partial extirpation of the polypus could be easily controlled; possibility to keep the introitus open for several weeks for the purpose of radical removal of the polypus or for supplementing cauterization of the place of insertion;—quick and easy execution of the operation; a cure with only slight disfigurement by a lineal scar, without any functional disturbance.

Last year a young man of 21 years came into my clinic, suffering for several months from repeated epistaxis, difficult to control. In looking at him the extended left nostril could be easily noticed, discharging continually a thin fluid, sanguineous, somewhat mucous and flat smelling fluid; there was neither a prominent bulbus nor any changes in the cheek or fossa temporalis. The left nostril was inaccessible to air, and close to the nasal aperture a knobby bluish-gray tumor could be discovered, by the side of which a probe could be passed any where back to the choanes. The septum narium was pushed by the tumor toward the right nasal cavity. Looking into the mouth, the soft palate, especially on its left side, was pushed forward and downward, so that it rested on the root of the tongue, and examination with the finger clearly revealed behind the velum a coarsely knobby tumor filling up the left palatinal space, whose place of insertion was probably in the neighborhood of the left orificium tubæ. The left choane was perfectly covered by the tumor, and the left tonsillar region showed a dirty brownish-coloring. There were difficulty of respiration and deglutition in some slight degree, and hearing was decidedly diminished on the left side. Even the most careful and tender examination with the probe or finger always produced copious and long lasting hæmorrhage from the apparently very vascular neoplasma, which also frequently bled at night.

The preparatory operation was performed according to the rules laid down by Bruns, with a slight modification. I avoided as much as possible the formation of acute angles in the soft parts as well as through the bones ; and think that the difficulties of the operation are thus somewhat lessened.—Without Chloroform narcosis I began the operation by dividing the processus nasalis of the superior maxilla and the nasal bone of the same side, etc., (vide for description of the operation "*Helmuth's* Surgery," p. 867,) and sawed already nearly through when an enormous hæmorrhage set in, the blood pouring from the right nostril, from the cut surface, and from the mouth.

Patient turned pale, collapsed, and nearly fainted, so that the operation had to be stopped and the nose tamponed. The patient otherwise very resolute,was pretty well exhausted from the loss of blood, and we were forced to apply compresses with ice over the nose and keep his strength up with milk, beef-tea, cocoa, etc. The hæmorrhage stopped, patient felt stronger toward evening, slept well during the night, so that in the morning the styptic tampons could be removed, nose and fauces cleansed from the accumulated blood without a renewal of the bleeding.

The saw during the operation probably wounded the vascular polypus and hence the hæmorrhage, but after two days our patient was fully recovered and the operation could be finished, and the polypus, which did not adhere at any place to the walls of the nasal cavity, could be easily caught by the forceps and extracted with but little force from the place of insertion; hæmorrhage, though in a slighter degree, again followed, and tamponade with cotton steeped in Chloride of Iron was necessary for the stoppage of the bleeding. Neither temperature nor pulse showed any febrile rise.

June 21st. Part of the tampon removed and bandage renewed; one piece of the tampon became so firmly attached to the place of insertion, that its removal might have brought on renewed hæmorrhage. Patient only complained of some pain in the frontal region and left maxilla, but otherwise felt good and enjoyed his meals. The soft parts around the wound were only slightly tumefied; the left side of the nose, which was turned over, showed some anæsthesia, but was otherwise perfectly normal, in color and temperature it did not deviate from the other parts of the face.

Several days passed and the remaining tampon would not come off; during all that time the nose remained turned over, leaving us a clear view into the field of operation. Finally the tampon fell off on the 7th day,and we could now convince ourselves, that nothing remained from the neoplasma, which had its place of insertion in the neighborhood of the tubæ. The edges of the wound were then lightly freshened, the necrosed bony edges removed with the bone-cutting forceps and reposition brought about by seven sutures and some adhesive plaster.

Four days after the sutures were removed and the wound healed par primam intentionem. The cicatrix may be considered a linear one, and does not disfigure the face in the least. The nose now stands in its normal place, but the left side still appears somewhat prominent. Both nasal cavities are permeable to air; the voice has lost its nasal twang; the soft palate stands alike on both sides, and the hearing is fully restored on left side. His natural cheerfulness has returned, and he only complains of some slight anæsthesia over the left nose.—[*Berlin Kl. Wchft, No. 17, 1874.*]

A CONTRIBUTION TO THE DOCTRINE OF THE FOCI FOR MOTORY INNERVATION IN THE CORTICAL SUBSTANCE OF THE ANTERIOR CENTRAL CONVOLUTION.

BY DR. CARL STARK.

Since *Fritsch* and *Hitzig* proved the possibility of producing certain movements of the muscular groups by direct irritation of certain points on the surface of mammalia with the electric current, observation and experiments have been directed towards it. Of late Hitzig experimented on the cortical part of the brain of an ape, and determined the fact, that in apes the motory centres for the upper and lower extremities, and for the head, are situated in the cortex of the anterior cerebral convolution, inasmuch as irritation of certain points at that place causes different movements of those parts. As the architecture of the cerebral surface in ape and man is so much alike, the conclusion is justifiable, that the results gained for the brain of an ape may also be applied to that of man, and that we also in man look for the motory centres in the cortical substance of the anterior cerebral convolution.

The observation communicated by Hitzig (Arch. f. Psych. iii., 2,) in relation to an abscess in the lower half of the right central convolution with spasm and pains in the left side of the face, contains thus a valuable confirmation, that the point whence the irritation of the facialis takes place, is nearly the same in ape and man, namely, that part of the anterior central convolution, where the second frontal convolution turns forward and a little downwards.

My case will give another confirmation. Mary Walter, born 1838, entered our hospital for the insane 1868, suffering from progressive genera! paralysis, anamnesis is perfectly wanting. She offers the symptoms of the last stage of the paralysis; a high grade of dementia, perfect apathy and dulness; trembling of the facial muscles; differing pupils; a weaker innervation of the muscles provided for by the left facialis; unintelligible, stammering and lolling speech; heavy dragging gait, trembling of the hands.

In the course of the preceding fall and winter nutrition began to fail, motory weakness increased. She could not help herself any more, even fell down once in a while, as she became unable to hold her equilibrium, and since Christmas kept her bed. The paralysis of the left facialis became more decided. She rested quietly on her bed, played with trembling hands with her coverlet, and became very unclean. The scene changed in February. Severe twitchings in the paralyzed side of the face set in; severe twitching in the left forehead, left eyebrow; severe blepharospasmus of the left eye; the left corner of the mouth is alternately drawn upwards, downwards and sidewards; the left nostril raised; the patient makes chewing motions with the left side; the tongue sometimes protrudes between the lips. Thus nearly all the muscles provided for by the left facialis were attacked by clonic spasms; but also the masticatory muscles provided for by the motory branches of the trigeminus, the masseter and pterigoides. The contractions of the left masseter were externally visible. She also suffered from clonic twitchings of the left head and thigh. The twitching on the left side was continual, and when very severe the right side participated in the face and hand, altho' in a far less degree, and only intercurrently. The left pupil was dilated—the patient very dull, but not unconscious. She did not speak any more, and only with great effort swallowed some fluid nourishment. The clonic spasm of the left facialis continued uninterruptedly for four months, until death released her on the 7th of June. Only during sleep the spasm ceased, but began immediately after waking up.

We observed in the beginning of March, that both bulbi were spasmodically rolled inwards, and in that position made short twitching movements from right to left (clonic and tonic spasm of the left m. rectus externus and of the right rectus internus.) On the 8th of March she improved somewhat, talked and swallowed somewhat easier. The pupils were sometimes alike, but at most times there was a difference, changing nearly daily, so that one day the right, the other day the left was more dilated. The twitching on the left hand, left leg, on the right side of the face and right hand are gone, but the clonic spasm of the left side of the face continued uninterruptedly to her dying day. In the last days of her life the twitchings on the right side of the face increased again.

Autopsy twenty-one hours after death. Small, emaciated cadaver. When opening the cranium a quantity of clear fluid is discharged. Skull-cap greatly assysmetric, the whole left side diminished. Sutures on the inside clearly present.—Skull thickened, bones heavy and hyperæmic. Sinus longitudinalis empty. Dura mater hangs loose over the frontal brain. Pia diffusely dull over the whole convexity, moderately hyperæmic. Somewhat behind the centre of the right and left first frontal convolution, a depression formed by a cystic dilatation of the pia filled with water, which by the removal of the dura remained adherent to it. Another such cyst is found at the root of the first right and left frontal convolution, which are thus on both sides deeply sunk in. A third one of the size of a walnut on the upper part of the right sulcus præcentralis. The root of the second frontal convolution, and the lower part of the anterior central convolution are from the pressure of this cyst greatly atrophied and only of half their normal size.—[*Berlin Klin. Wchschrift 33, 1874.*]

CHLORAL AS ANÆSTHETICUM.

BY DR. ORE'.

After injection of 2-6 grmmes Chloral (according to the size of the animal) sensibility was extinguished to such a degree, that even electricity remained without action, and this perfect anæsthesia lasted from one to five hours. During the whole time respiration remained quiet and regular. He therefore considers Chloral injected into the veins preferable to Chloroform as a surgical anæsthetic, as it never causes any asphyctic phenomena.

A man of 52 years suffered from tetanus and trismus, in consequence of a severe contusion of his middle finger.—

Brought to the hospital, he showed decided general tetanus: dyspnœa, increased frequency of the pulse, moderate cyanosis. The least pressure on the contused finger caused increased tetanic stiffness and terrible pains. Dr. Oré injected twice at short intervals nine grammes Chloral in the right radial vein. Immediately after the second injection quiet sleep set in, respiration became slow and quiet, the pulse fell from 90 to 70, and the muscular rigidity and trismus were nearly gone. The anæsthesia was so perfect that the surgeon, in order to remove the cause of the tetanus, split and extracted the nail, and throughout this painful operation this patient kept quietly sleeping.

Four hours afterwards no reflex motion followed the touching of the conjunctiva. After eleven hours the patient awoke, but even five hours afterwards,especially on the lower extremities, sensibility had not fully returned. In order to cut short the tetanic fits, the injections of nine grammes Chloral were repeated during the following two days with the same favorable result. On the third day amelioration seemed to be decided, but in the night, from the fourth to the fifth day again tetanic contractions with suffocating fits. On account of the high grade of cyanosis the injection was considered contraindicated, and Chloral given internally. Although the patient took in two days 28, 0 grms. Chloral, the tetanus remained the same, so that the treatment by injections of Chloral had to be resumed.

The patient was finally attacked by an acute bronchitis, in consequence of which tetanic rigidity of the thorax set in;—the former was treated secundum artem, the latter by Chloral injectioms. On the seventeenth day after entering hospital not a trace of contraction or tetanus was present, and the patient could execute all motions spontaneously and regularly, without being disturbed by reflex motions.—[*Comptes rendues de l' Acad. Franc, V. 78, 1874.*]

DAILY SECRETION OF BILE.—Von Wittich, (*Pfluger's Archiv.*) details some observations on the human bile obtained from a patient. The total daily discharge was 18,088 fluid ounces.

Clinical Observations.

D. A. COLTON. M. D., CHICAGO, ILLINOIS, EDITOR.

MALIGNANT JAUNDICE.

Prof. A. Trousseau in his "Lectures on Clinical Medicine," vol. iv., p. 304, says:—

"What then are the characteristics of this formidable disease, so variously explained, and the subject of so many theories, though regarded as essentially a *general disease* by the majority of authors?

The icteric color of the skin, in all of its shades of intensity, can only be looked upon as a symptom. Jaundice is not a disease; but is on the contrary the expression of numerous states, some of which are compatible with health, whilst others are invariably mortal. But although jaundice is sometimes symptomatic of organic lesion of the liver, it happens occasionally that no structural change can be demonstrated at the autopsy, and that the most competent histological observers are unable to recognise any important modification in the hepatic cellules.

In general, jaundice is only a temporary phenomenon which does not at all disturb the gastro-intestinal functions, nor prevent those in whom it exists from pursuing their ordinary occupations. This is the case even when it arises from a mechanical obstacle to the passage of bile; whatever may be its duration or intensity, there exists no malady (using malady in its vulgar acceptation,) though the patients sometimes suffer intense pains, which are generally caused by the difficult passage of biliary calculi through the hepatic ducts.

And, Gentlemen, bear in mind the remark I made to you at the beginning of this lecture, to the effect, that jaundice may continue for several months without the economy showing any disturbance resulting from the unwonted circulation of bile in the blood. All the organs and all the fluids are colored by the bile; and yet none of these organs or fluids cease to fulfil their physiological functions.

Finally, there are pathological conditions in which the excretion of the bile is impossible; as, for example,when the choledoch duct is obliterated; there are cases in which there is an almost complete suppression of the biliary secretion, as in atrophy from cirrhosis; and yet the retention or non-secretion of bile does not, till after long continuance, determine secondary general morbid changes incompatible with life.

But although it be true, as a general proposition, that jaundice is only a symptom of inconsiderable gravity, clinical observation demonstrated to

Franciscus Rubæus, Morgagni, Boerhaave and Graves, that though at first mild, and presenting apparently only the usual conditions, it might suddenly manifest general symptoms terminating in death. Indeed, we all know how necessary it is to give a very reserved prognosis in cases of jaundice. As in cases of pleuritic effusion, so in jaundice, one can never say what is to be the termination.

Graves states that he was always uneasy as to the issue when nervous symptoms showed themselves ; symptoms, moreover, which he remarked, were often coincident with a diminished secretion of urine, *the skin and sclerotic retaining their yellow tint ;* he also states that, fearing the retention of bile in the system, he has often with success administered diuretics, endeavoring by that proceeding to imitate nature, which eliminates bile by the kidneys when there is an impediment to its exit through the intestinal canal. The Dublin Professor, however, has not described a specially malignant jaundice, and even in his lectures on the " yellow fever of Ireland," he only accords a secondary importance to the yellow color of the skin.

I must, therefore, refer to observers of the last few years for a description of that special disease which all at once assumes a dangerous aspect, and is almost always mortal. It is only this special condition of disease which I wish to bring under your notice in this lecture, intentionally omitting to notice grave conditions and symptoms which complicate attacks of jaundice of variable duration, and indicative of the existence of biliary obstruction.

Among the many contemporary authors who have studied sudden *typhoid jaundice*, may be particularly mentioned Rokitansky, Henoch, Budd, Dusch, Griesinger and Frerichs. But side by side with these English and German authors, it is only fair to cite some French physicians who have specially based their works on clinical observation and general pathology. Let me particularly refer to the treatise of Dr. Monneret, in which the diagnosis and nature of the malady are studied with great sagacity, and in a manner which shows a profound acquaintance with all diseases in which the liver plays a part. Dr. Genouville, in his inaugural thesis, expressed concurrence in the views of Dr. Monneret. Finally, Dr. Blachez has expounded a theory of Gubler, and published interesting details regarding that species of malignant jaundice called *canis*.

If you read the reports of cases of idiopathic malignant jaundice, or if you observe one well-marked case of that malady, it will be impossible for you not to be struck with its similarity to the symptoms presented in cases of the pyrexiæ. It may be remarked, in fact, that from the beginning of the attack, the whole organism is affected by the disease, as in the dothinenteria, small-pox, bilious fevers of tropical climates, and the pernicious fevers of certain countries.

Suddenly, or after some days or weeks of feverish discomfort, the patients complain of general prostration ; in vain, they struggle against this state, the malady augments in severity; exhausted in strength, they take to their beds, and soon afterwards, may be detected jaundice, often accompanied by frequent hæmorrhages from the skin and mucous membranes.

When the progress of the disease is rapid, there occur, after the third or fourth day, various nervous accidents such as excitement, convulsions, delirium, and at last profound coma ; in which state death takes place.—It is important to remember, that in many cases there is a total absence of reaction, scarcely any quickening of the pulse, even a diminution in the temperature of the skin, and no tendency to a critical discharge from the intestines.

When the malady continues for several days, repeated hæmorrhages take place from the stomach and intestines, after which the vomit and stools consist almost entirely of altered blood. The vomit is black, and identical in composition and aspect with the matter ejected in hematemesis from cancer of the stomach. There is sometimes bile in the matter vomited ; but that is only observed at the beginning of the attack. The urinary secretion which is abundant, deposits altered blood-globules ; and (according to Frerichs) *leucine* and *tyrocine* could also be detected in the deposit.

The same observer (Frerichs) has remarked that in these cases the urine contains a very small quantity of *urea ;* and pathological anatomy reveals structural changes in the kidneys similar to those which exist in the liver.

There may be a recurrence of the epistaxis ; and the gums are frequently covered by black sordes, and exude blood from their free margins.

Jaundice may either be general, or limited to the upper half of the body, as in a case recently described by Dr. Hecker. The shade of yellow is more or less deep ; and the jaundice may either be green or bright yellow, but these variations in color are of no importance—of no more importance than the greenish brown sometimes observed in the conjunctivæ.—Dr. Monneret, and other observers, have remarked, that the appearance of the countenance contrasts with the state of general prostration ; the features, so far from presenting a hippocratic appearance, appear on the contrary quite expanded.

The two leading symptoms then are the hæmorrhages and the yellow color ; when the patients are roused from their apathy to answer questions, they sometimes complain (as did our patient in Saint-Bernard's ward) of muscular and articular pains, which are probably nothing more than the febricula so common at the commencement of pyrexiæ and toxæmic diseases. They seldom complain of headache ; sometimes they have attacks of suffocation, sighing, and irregular respiration.

On examining the different organs, a variety of phenomena are generally observed, all of which are important. The jaundice solicits first of all an examination of the liver.

BRYONIA IN CARBUNCLE.

BY WM. GALLUPE, M. D., BANGOR, MAINE.

During my tour for recruit in July last, I called on a former acquaintance living in the suburbs of Boston, between 8 and 9 P. M.; found him suffering rather severely from a carbuncle on the right hip, about the middle of the fleshy part from the sacrum outward.

He stated that it commenced eight days before, that he had been applying hot poultices to it for five days, and it had been discharging for two days from three openings, but had afforded but little relief from the severe pain and suffering, He also stated that the pain and suffering had been so severe for six days and nights, that he was unable to sit or lie in any position except on the breast, and partly quartering on the left side.

He remarked, "I suppose you are unable to afford much relief in such cases by homœopathic medicines." I asked him how he came to that conclusion; he replied, that he had one last fall from which he was suffering very much, and sent for a noted homœopathic physician of the place; he advised him to apply cold water compresses instead of the poultices, and that he must bear it as patiently as he could, and that it would ease off after a while; that he did not need any medicine for it—that homœopathic medicine could not control such difficulties; they would have their own course and he must submit to it.

He entreated him to give him something that would relieve him from such excruciating pain. He again replied, that medicine was of no benefit in such cases, and left him to battle with it as best he could. He suffered with it very much for several days and nights; but lived through it and got well after several weeks.

Now he was having another, but it was not quite as large yet, but he had suffered about as much for the time and had been applying hot poultices to it. I replied, that I fully believed that, with a reasonable use of homœopathic medicines, we could afford much relief in such cases; and not only relief from the pain and suffering, but could often stop them short of ulceration, and break them up in a short time; that I had seen it proved in a number of cases. He entreated me to relieve him if possible.

On examination, found a highly inflamed carbuncle—with an areola spread out in size larger than the top of a tea-cup. The carbuncle was discharging a thin sanious fluid from three openings the size of a common lead pencil, and withal, presented an angry and venomous appearance. It was attended by a compressed feeling through it; while the patient had frequent thirst, which was appeased by a small quantity of fluid, and a general feeling of chilliness, interspersed with thrills of heat and dry skin. There was a little mitigation of the pain when it first opened, but returned in a few hours and had been about as severe as he could well bear up under.

I prepared a solution of ten or twelve pellets of *Bryonia* 30th. in about one-third of a cup of water. After stirring it well gave him two teaspoonsful of it, and directed him to repeat in two hours, and again in three hours—unless a mitigation of the pain was perceptible, and of the tight compressed feeling—if so, to wait five or six hours or longer while the mitigation was decidedly progressing, and only repeat as the pain came to a stand.

I covered the raw spot with a thin piece of cloth spread over with mutton-tallow, and then covered the whole areola with two thicknesses of thin cloth wet with cool water, and over the whole three or four thicknesses of flannel, so as to sweat the part freely, and to repeat it when it got dry and began to pain.

Next morning patient reported that after taking the second dose the pain began to ease off some, but, after the third dose, soon felt more easy and got to sleep; a profuse sweat broke out, and, in three hours more, could turn over and lie on the back with comparative ease, and slept comfortably after that. In the morning was free from pain and could walk about free, and sit in a chair freely, quite well. I saw him again in Boston the second day after, he said he had had no pain since, and the abscess was healing kindly—had been attending to his business quite comfortably—had taken but four doses of the medicine.

It is from such physicians that homœopathy receives an occasional stigma—perching themselves upon the reputation which homœopathy has acquired from its faithful and persevering adherents, and being ready to waft themselves upon the popular current wherever it may float them. I am fearful that he who saw the above case, was much in the condition of a certain young and pompous physician, who pretended to have so much business on hand, that he could not afford to spend more than two or three minutes with a patient. He understood the medicine the patient needed the moment he entered his room ; he did not need to ask but three or four questions, and that for ceremony, perhaps ; and if the patient tried to tell him some of his particular symptoms—while he was relating them, he would be putting out some medicine for him, and say, take a dose of this once in two hours, and that he would call again the next day, and all this before the patient had related what he wished to inform him. He was asked at one time why he did not spend more time with his patients in getting their full symptoms and refer more to his books, to enable him to prescribe more accurately and efficiently. He replied, that he had studied his profession, and that he had nothing further to do with books.

CARBOLIC ACID IN CARBUNCLE.—To Dr. Eade, of Norwich, Eng.,(says *Homœopathic World*,) the profession are indebted for drawing attention to the efficacy of *Ac. Carbol.* in the treatment of carbuncle. Whatever may be the cause of this abnormal and painful growth, whether parasitic or not, it appears to be amenable to the antiseptic action of the Acid.—But it has been observed that the Acid has little or no influence on the unbroken skin ; its efficacy is almost wholly limited to those parts with which it can be brought into actual contact. Hence, it must be inserted into the carbuncle through the characteristic openings, or through incisions, or by means of subcutaneous injections. The solution employed may be one part of Acid to four or five of water or oil. Threads of lint soaked in the solution should be pushed with a probe into the openings, and a piece of lint, also soaked, laid over the carbuncle, and occasionally renewed. A subcutaneous injection around the edges of the carbuncle would probably prevent its extension.

SILICIA IN FELON.

BY WM. GALLUPE, M, D., BANGOR, MAINE,

While calling on a patient in a neighboring town, I heard heavy groans of a person apparently in great distress—I asked what was the cause of such noise and was told that it was her father suffering very much from an abscess on his finger, and had been for four or five days.

I asked her to let me see him,as I had some previous acquaintance with him. I found that he had a felon on the inside of the third phalanx of the middle finger of right hand. He stated that the doctor had opened it freely three days before, but did not afford but little relief; it had been very painful,so that he had not slept for three days and 2 nights; that he had been poulticing it day and night during that time; that the doctor said that morning that he must continue the poulticing for two days longer, and that he then thought it might be fit to open again and more thoroughly,and should probably need to scrape the bone so as to clear out the root of the disease.

On examination, I found a free opening had been made more than an inch lengthways of the finger,over the third phalangeal bone of the middle finger,the finger was highly inflamed and swollen nearly to the wrist, with a red streak nearly up to the elbow, and pain extended even to the shoulder; very tender to the touch, extending over the whole extent, with a throbbing, twinging pain from the spot upward; a thin ichorous fluid was discharging from the opening.

I told him I could do better for him than that; he begged me to do it. I made a solution of a few pellets of *Silicia* 30th potency in about one-third of a cup of water, I gave him two teaspoonsful of it; told him to repeat the dose in two hours, and again, in three, unless he felt a mitigation so that he could sleep; if so, wait from five to seven or ten hours, as he felt needful to control the painful state.

I covered the open sore with a small piece of cloth spread over with mutton-tallow, and after bathing the affected parts freely with cool water to the elbow, I placed a cloth wet in the same fluid around the finger, and extending as high as the wrist; after which the whole was covered with a dry cloth,—These were to be renewed when dry, or when much heat or pain were experienced.

About ten days after, as I was passing there, I called in to learn the result, was met with a hearty shake of the hand, and the statement that I did him a great favor. He said, that after he had taken the second dose, he felt it easing off; and after the third dose, felt sleepy and got asleep, and had a nice long sleep, and when he awoke found himself in a free perspiration. From that time the finger was quite easy and without pains; but five doses of the medicine were taken. The sore healed kindly, and was now nearly skinned over.

Such is the contrast between *good* homœopathic treatment and the heroic pretended scientific treatment, as commonly administered by allopathic physicians. It is evidently using more heroic and tangible means, (but adding to the sufferings of the patient) while the homœopaths as they say, use such little inefficient doses that it is contemptible for them to think of. What must have been the additional suffering to this patient to have had that very swollen painful finger gouged upon and the bone laid bare, and then scraped so as to clean it of disease—even after the two days more of poulticing and excruciating pain. And then, if the patient should be fortunate enough to get it healed up, to be flattered by the physician, by saying that the last operation was a very important one, and probably the means of saving his finger or arm.

It would probably have shown about as much of a practical science, as the suggestion of Prof. Oliver Wendell Holmes, when he proposed that, patients sick with fevers, might have their tongues scraped with a hoe, in order to keep them from becoming thickly coated.

DEBILITY.—Dr. Farrington says: "We have
China for weakness after loss of blood.
Phos. Ac. after sexual excesses.
Psorin after typhus; and we may add the
Aletris, seemingly dependent on no lesion, but simply upon atony."

Book Notices, Etc.

The Science of Homœopathy:

Or, A Critical and Synthetical Exposition of the Doctrines of the Homœopathic School.: by CHARLES J. HEMPEL, M. D. *Bœricke & Tafel, New York and Philadelphia—Lodge's Pharmacy, Detroit, Mich. Price $1,75.*

This is the title of a work which has recently been given to the world by an author whose assiduity as a writer on Homœopathic Materia Medica and Practice, and whose thorough acquaintance with the whole range of homœopathic literature, entitles his opinions as a teacher of homœopathic science, to a large measure of respect and confidence.

The present volume presents the Science of Homœopathy in its grandest and most philosophical aspect. It is divided into two parts : the first part presenting a critical review of the leading doctrines of the Homœopathic School as taught by Hahnemann and his original disciples; and the second part contains a series of articles where the Science of Homœopathy is traced to its origin in Nature and in the government of the Divine Creator as one of His Eternal laws.

Dr. Hempel's work is well calculated not only to convince all reasonable allopathic physicians of the inadequacy and unreliability of their own means of cure and therapeutic maxims ; but likewise to show the adherents of Hahnemann that Homœopathy should not be confined within the limits of any man's understanding, but that this great science is a subject for boundless scientific inquiry, and religious and philosophic thought.—We are satisfied that those who are not content with merely gnawing at the shell of Homœopathy, but who wish to taste of her kernel, will have to pursue their investigations in the direction which is pointed out in this volume with so much force, originality, and cogency of argument.

The Stepping Stone to Homœopathy and Health :

By E. H. Ruddock, M. D.—Homœopathic Publishing Company, London, England, 1874: Ninth Edition.

Instead of electrotyping his books Dr. Ruddock revises and enlarges each edition. This partly accounts for his success. We are gratified to learn that this new issue makes the amount of copies printed in all one hundred thousand.

Forty remedies are referred to. A clinical index added. It can be recommended as a good *stepping-stone* to the practice of medicine on the *Similia* principle.

The Twelve Tissue Remedies of Dr. Schussler:

Recommended for Investigation by C. Hering. Bœricke & Tafel, N. York and Philadelphia.

This is the second edition much enlarged by Schussler, and new additions. In the Introduction it is stated:

"In 1832 it had been written: "All the essential component parts of the human body are great remedies."—Stapf's Archives, xiii., 2, p. 34.

In 1846, as the result of numerous careful provings during twenty-two years, there was published the following in Stapf's Archives, xxii., No. 3, p. 166–7.

"*All constituents of the human body act on such organs principally where they have a function.*"

"*All fulfil their functions when they are the cause of symptoms.*"

Nobody took any notice of it except Grauvogl in his Text-book; and now it is made the basis of a "new system."

The Complete Hand-Book of Obstetric Surgery:

By Charles Clay, M.D. Lindsay & Blakiston, Philadelphia, 1874; 12mo., cloth, 328 pp. Price $2,25.

This is an American reprint of the third London edition of Dr. Clay's Hand-book. The author gives short rules of practice in every emergency from the simplest to the most formidable operations connected with the science of Obstetricy. He says:—

"Lengthy details, contested points, or argumentative disquisitions are not admitted; its aim and object being purely practical. From the conviction that a *Remembrancer* is equally useful with an *Instructor*—it is intended as much for those who require to be *reminded* as to be *informed.*"

Surgical Emergencies:

Together with Emergencies Attendant on Parturition and the Treatment of Poisoning. A Manual for the Use of General Practitioners.—By William Paul Swain, F.R.C.S. Lindsay & Blakiston, Philadelphia, 1874; 12mo. 189 pp.—$2.

The anthor has aimed to prepare a small manual with definite directions for the immediate treatment of those emergencies to which general practitioners are liable to be called suddenly, and he has accomplished his task satisfactorily. It contains 84 well executed wood cut illustrations.

The Physician's Visiting List for 1875:

Lindsay & Blakiston, Phiadelphia.

"The twenty-fourth year of its publication." Always prompt. Uniform in style; convenient in arrangement; neat in appearance, and reasonable in price.

75—Nov. 1874.

Annual Record of Homœopathic Literature, 1874:

Edited by G. C. Raue, M. D. New York and Philadelphia, Boericke & Tafel. Price $3.

Dr. Raue has been assisted in collation from the Journals by Drs. Bacmeister, Conant, Cropper, Farrington, Hering, Hoyne, Kippax, Korndœrfer, Lilienthal, Lounsbury, McClatchey, MacFarlan, Mitchell, Nichol, Searle, VonTagen and Wesselhœft. The Materia Medica part being arranged by Dr. C. Hering, and the Surgical part by Dr. M. MacFarlan.—The examination of such a record ought to stimulate a desire for the investigation of the complete articles as found in the Journals referred to.

Manual of Eye Surgery:

By A. J. Howe, A.M., M. D., Author of a Treatise on Fractures and Dislocations, and Professor of Surgery in the Eclectic Medical Institute, Cincinnati. Wilstach, Baldwin & Co., 1874.

In an octavo of 204 pages, cloth bound, the author has presented for the use of the general practitioner, a systematic treatise on the Surgery of the Eye. It is illustrated with a number of wood cuts mostly copied from Stellwag.

The treatment is Eclectic, and therefore somewhat in advance of allopathy, but in some cases it appears to be very harsh. For instance on page 75, for Trachoma or Granular conjunctivitis, the author says:

"The plan of treatment in favor with me is about as follows: I cauterize the granular surfaces with *Nitric acid chemically pure and at full strength.*"

The Grange—a Study of the Science of Society:

Practically illustrated by Events in Current History; by Gracchus Americanus. New York, 1874; Putnam, Sons.

As we have not leisure to examine this work, we will give the author's own statement of its objects :—

"In the following pages American politics are dealt with within the province of uniform law. The present dual organization is found to be extremely prolific of pernicious fruit. And a non-dual, non-partisan organization, arbitrarily termed the Grange, is proposed to take its place.

This proposed Grange is not the already existing organization of the Patrons of Husbandry, unless the Farmers conclude to make it such—as they naturally can, and probably will do. The existing Farmers' Association is organized to oppose monopoly, and to protect the democratic rights and privileges of Agriculturists. The Grange which these pages propose, antagonizes party politics, and aims its opposition against every recognized or cognizable violation of the public welfare."

Practice of Medicine.

DR. ROSS ON THE ACTION OF STIMULANTS.*

When Dr. Hughes Bennett and the Edinburgh Committee, of which he was the convener, issued their report on the action of Mercury on the secretion of bile, its effect was to confirm in their faith those stout anti-mercurialists of the whom Edinburgh University had been the Alma Mater, to puzzle that not very clear-sighted but still solid and respectable individual—the general practitioner, and to amuse by its very naïvete those medical men who, in evil report and good report, were maintaining and professing a belief in the doctrine of *similars.*

Our anti-mercurialist friends had sat under the convener of the committee, and had followed him in his critical peregrinations around those old clinical wards where the memory of Cullen lingered, but which are now themselves among the things of the past. They had learned that Paracelsus, an eminent quack of his time, had been the inventor of Mercury—at any rate in its officinal forms; they had learned that father and son—professionally speaking—had ever since used it for no other reason than that of habit; but now, *nous avons change tout cela*, Dr. Bennett had upset the credit of Mercury, and it was never to be prescribed again.

It was all very well for Dr. Alison to theorize about the change of type in disease, but here before their eyes the professor of clinical medicine was actually curing iritis without the help of this hated drug, and only taking six weeks about it—a result most gratifying even to the then good-natured ophthalmic surgeon of the infirmary. So it could not but be reassuring to those gentlemen who in private practice had stuck to their old teacher's views to find them confirmed beyond expectation by these experiments. Not only was primary syphilis best cured without this pernicious mineral, but its great sphere of action—the liver—was at last wrested from it, and there would be no longer the ghost of a provocation to prescribe it as an ingredient in some mild and fashionable dinner pill.

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* *Monthly Homœopathic Review*—London, England.

But to the mass of country practitioners and town physicians this report of the Edinburgh Committee brought mere confusion of mind. Ever since their license to kill had been obtained, Mercury was the one cholagogue that they had always prescribed, and which, truth to tell, had seldom failed them. The American "vegetable mercury" had, it may be, proved itself a tolerably vigorous rival, but its action was apt to be too drastic and irritating; and "grey powder" or "calomel," as the case might be, remained with them the favorite. But now Hughes Bennett and his Committee had upset the very foundations.

There was no longer to be even apolite *skepsis* as to the virtues of this drug,since it was proved rather to decrease than to increase the hepatic secretion, and the deduction, of course, in the brains of men who took their homœopathy from the *Lancet*, was that such an action could be of no possible value in torpidity of the liver. Still their practice must go for something, and the experience of twenty years was not to be brushed on one side by the mere report of a committee; so our friends determined to rely once again on the well-known cholagogue, and we presume that the majority must have found that even after the issue of that remarkable report Mercury continued in suitable cases to re-excite the hepatic function.

As to there being any vital connection between the Edinburgh Report and the practice of most medical men—between that is to say, the physiological action and therapeutic uses of Mercury—there were certain pertinent remarks made by two or three so called sectarian magazines, and by these alone.—This *Review*, for instance, in the number of Feb. 1871, called attention to the facts of the case, and stated that "they constitute a very complete illustration of the truth of the principle, *Similia similibus curantur*."

But this view of things was one which, not indeed from its nature, but from surrounding circumstances, would be accepted, discussed, or even read by comparatively few members of our profession. Why such was the case it is not here our purpose to inquire; suffice to say, that such was the state of affairs. Thus it was that the relations and bearing of Bennett's experiments on Hahnemann's dogma have never yet been freely discussed.

It is, however, not without considerable satisfaction that we notice in the *Practitioner* for August last, a paper by Dr. JAMES ROSS, which grapples, and that not unfairly, with this relation. Dr. Ross has become known to the profession as a writer who does not fear an abstruse subject, and who rarely fails to throw a certain amount of "dry light" on the matter with which he is dealing.

His well-known work on the "Graft Theory of Disease," is the product of a mind capable of close reasoning and sustained argument; and his series of papers on the "Geometrical Method as Applied to Medicine," evince very considerable learning, though the conclusion at which he arrives in respect of the truth or falsity of Homœopathy depends therein rather on an abstruse and semi-metaphysical chain of reasoning, than on a keen and vivid appreciation of the simple facts of the case.

Dr. Ross's article on the "Action of Stimulants," to which we have just referred, is however, a refreshing instance of candid statement of fact, and of common-sense inductions therefrom to which we have been long strangers in the therapeutical writings of the dominant school.

"Irritability" is naturally the first point with which Dr. Ross deals, and he traces down the rise and progress of this doctrine from Glisson, through Waller, Cullen and Brown, to the physiologists of the present day. Their definitions, and his modification, or rather amplification of them, we here give in full:—

"Prof. Rutherford's definition, although by no means free from objections, is as good as any I have seen. 'I consider,' he says, 'that a tissue is irritable, if when irritated it evolve energy.' Dr. Burdon Sanderson's definition is substantially the same. Irritability is according to him 'the property possessed by every living structure whatsoever, of being excited to action (*i. e.*, of having its stored-up force discharged) by some motion or disturbance from without side.' Stimuli or stimulants are, therefore those agents which determine the living tissues to energise, no matter what the form of evolved energy may be, whether it be heat, electricity, secretion. growth, nerve force or contraction."

The laws of irritability are next discussed, and it is shown that while a certain amount of stimulus increases the irritability, a stronger stimulus destroys it; in this way acts a galvanic current, so does a pinch to the end of the nerve, so does Strychnia on the excito-motor nerve cells of the spinal cord, so even does Curara, according to the most delicate experiments of Bernard. Stimulation is followed by stupefaction, increased irritability by lessened irritability, whenever the amount of stimulus is carried beyond a certain point.

Dr. Ross illustrates and endeavors to give a reason for this conduct of irritable matter in the following way :—

> "By way of illustration, let me imagine half-a-dozen books about the same size to be placed on their ends in a row ; and let the distance between each be half the length of a book. If a mechanical stimulus is applied to the book at one end of the row in such a manner as to push its centre of gravity beyond its base, the tension of gravity will act upon it so as to make it fall toward the ground ; but on meeting the second book in its fall, a similar motion will be communicated to the latter, which will fall in its turn, and communicate a similar motion to the third ; and so on till all the books have fallen, overlapping each other, to a condition of stable equilibrium. When this condition is reached the energy of the system is exhausted, and the original stimulus cannot cause any further appreciable movement ; and the only condition upon which a similar motion could be evoked by similar means is, that the books be raised again on end, or replaced by others already on end. In either case an equivalent amount of energy to that given out during the fall of our books must be expended, either directly or indirectly, before they resume their previous unstable position.
>
> Similarly with regard to protoplasm. When a stimulus determines it to energise, although the store may not be immediately exhausted as in the case in the books of our illustration, yet it soon becomes exhausted unless the store is is being constantly renovated from without ; and if the stimulus is so powerful as to exhaust the store of energy almost instantly, the irritability of the tissue will be destroyed. The destruction, however, must in all cases be preceded by an evolution of energy in some form, however transient may be its manifestation. But in health the active tissues should manifest continued function ; and not merely give out a violent and momentary action to be followed by an entire cessation of function ; and this orderly display of function pre-supposes not only expenditure of energy, but constant renewal of the energy so expended. The healthy irritability of a tissue, therefore depends upon a condition of equilibrium between the expenditure of energy in function and the renewal of that energy from the environment."

This is very clearly and forcibly put, and comes to us from Dr. Ross's hand with all the force cf originality. Yet originality these views do not possess, and we believe that Dr. Ross does in no way claim this distinction for them. FLETCHER, of Edinburgh, years ago, held and taught a similar doctrine, and in 1868 DRYSDALE, in his valuable papers on "Specifics," gives in paragraphs an abstract of Fletcher's principles on this very matter (see *British Jour. Hom.*, vol. xxvi., p. 449). The three first paragraphs read thus :—

"1. Irritability or vitality is not an isolated force, but is the property of organized matter, and when acted on by certain stimuli the resulting process constitutes irritation or life.

"2. In this process are inextricably bound up together the consumption of irritable matter, deposition or regeneration of similar matter, and the function of the tissue.

"3. When consumption and regeneration balance each other, the normal state or health is the result. But when the one predominates over the other, either exhaustion or accumulation of irritability is the effect."

It is easy to perceive that the views here expressed with regard to stimulus, irritability, tension and energy, are practically the same, and we are sure that Dr. Ross would be the first to acknowledge that, in the discussion of the laws of irritability, Fletcher has not received from him the same consideration that he has granted to Cullen, Brown and others. But we will no longer waste time over what is, after all, the introduction to the real question at issue—the action of stimulants. Dr. Ross says:—

> "But the truth upon which I wish to insist more particularly at present is independent of explanations and hypotheses. Careful observation shows that by far the greater number of the agents used as medicines act first by stimulating one or other of the tissues of the body to expend energy in some form; and when this action is continued, the second effect is to incapacitate the tissue for further action. This relation between the first and second stage of the action of stimulants was noticed by Cullen, who called the primary effect 'the stimulant action,' and the secondary 'the stage of collapse.' Brown called the first 'the stage of excitement,' and the second that of '*indirect* debility.' The condition induced by the withdrawal of the ordinary stimuli, such as the application of cold, was called by him '*direct* debility.' Hahnemann called the two stages respectively the '*primitive* effect' and the '*secondary* effect, or reaction.' But although this law is acknowledged by various writers, both past and present (and no one insists upon it more forcibly than the distinguished French physiologist, M. Claude Bernard,) yet it is not commonly recognized in its full significance and generality. The maxim that effects are proportional to their causes is frequently assumed to be applicable to stimulants and their effects. The real maxim, however, is, in Sir John Herschel's words, 'proportionality of the effect to its cause in all cases of *direct* and *unimpeded* action.' But the action of a stimulant is neither direct nor unimpeded."

He then continues his arguments, showing that the effect produced depends "much more upon the reaction of the tissue than upon the nature and degree of the stimulant," and therefore we cannot expect that if a certain amount of good be done with a certain dose, we shall do twice the amount of good with double that dose.

> "A tablespoonful of wine every four hours is doing good in this case of fever—the pulse is stronger; but, being still weak, if we double the wine we shall double the result. Four ounces of wine did good in our last case of fever; but in this case the debility is, so far as can be judged, double; hence eight ounces will be required. In this case of syphilis small doses of Mercury are doing good; therefore if the administration of the drug is

pushed to the poisonous limit, the disease will to a certainty be eradicated. One grain of Calomel and a half a grain of Opium given every four hoars in acute peritonitis is beneficial; but in this case the symptoms are most pressing and urgent, therefore two grains of Calomel and one of Opium must be given every two hours.

If these arguments were always expressed in distinct formulæ, their falsity would be recognized by all; but although they are not openly expressed, the maxim which underlies them is tacitly assumed in many of our therapeutic reasonings."

Having thus established the doctrine of the double action of medicines, and the opposition which exists between these two actions from the teachings of Cullen, Brown, and Hahnemann, and from the experiments of Bernard, and having suggested that the true curative action of medicines is contained in the primary action, and therefore of necessity in the small dose, Dr. Ross, having thus first turned its flank, falls on the Edinburgh Report and smites it hip and thigh. We give in full the concluding paragraphs of his essay, for, since Dr. Archibald Reith's dissertations on the action of Digitalis, there has been nothing of equal weight on this subject published in the journals of the dominant school:—

"In short, throughout the whole argument of the reporter there underlies the assumption, that because a large quantity of the drug either does not increase or diminishes the quantity of bile, *a fortiori* a small dose cannot augment its flow.

Suppose that Bernard had adopted a parallel course when investigating the action of Curara, what would have been his conclusion? Let us suppose that he administered a small dose of the drug to a frog, and that while testing its effect on the motor nerves half-an-hour afterwards—(from the rapidity with which it acts, half-an-hour in the case of Curara would probably be equal to a day in that of Mercury)—he found, contrary to his expectations, a marked increase of their irritability. In order to determine whether this increase is caused by the Curara, let us assume that he doubled the dose in his next experiment, and on applying his test at the end of half-an-hour, still found slight but doubtful signs of increased irritability.

This last experiment, however, on being repeated with another frog, showed the irritability at the end of half-an-hour diminished and becoming less and less until it was finally annihilated. Such a result might very readily be obtained if the absorption of the drug in the third frog were a little more rapid than the second. If Bernard were now to conclude that because the comparatively large dose of Curara employed in the third experiment did not produce an increase of the irritability at the end of half-an-hour, therefore the small dose employed in the first case could not have been the cause of the increase found, he would only be making a similar inference to that made by the Edinburgh Committee in the case of Mercury. But the method adopted by Bernard was almost exactly the opposite of the one here sketched out. Instead of increasing the dose given to the first frog, he diminished it still further, and applied his galvanic test earlier than at the end of half-an-hour. By this method he established, as already mentioned, that the primary effect of a feeble dose of Curara is to increase the irritability of the motor nerves.

All the inferences of the reporter of the Edinburgh Committee from the experiments are vitiated by the neglect of the relation which subsists between the primary and secondary action of a drug, and the opposite effects produced by large and small doses.

To my mind,the facts that a strong dose of Curara destroys the irritability of the motor nerves while a feeble dose increases it,that a strong dose of alcohol stupifies the brain while a small dose excites it, and that this relation is found to exist between large and small doses of stimulants of *all* orders, afford good presumptive evidence that since large doses of Mercury diminish the biliary secretion, small doses will be found to increase its flow."

Such is the conclusion, and from our point of view the correct one, to which Dr. Ross arrives. His line of argument is everywhere parallel to that on which Hahnemann, Fletcher, or Drysdale would have worked, had they been writing on this subject; and although this is self-evident to those who know the thoughts and writings of these physicians, it is also evident that Dr. Ross's argument has been thought out in perfect independence of their labors. Herein lies its chief value to therapeutics, while its application to the Edinburgh Report is valuable for the present and pregnant of good for the future.

We have but to carry out, as Hahnemann did in 1812, the conclusions to which Dr. Ross has now arrived, and apply them to medicines as a *whole;* we have but to argue that if large doses of Mercury diminish the biliary secretion, small ones will increase its flow; that if Colocynth causes a colicky diarrhœa in large doses, small doses thereof will restrain the diarrhœa and quiet down the excessive intestinal action; that if Belladonna in large doses will produce dry mouth and throat, small doses will relieve the capillary stasis of these tracts;—that if Cantharides in large doses induces stranguary, in small doses it will relieve these very symptoms; that if Turpentine in large doses will produce hæmaturia, in small doses it will check the renal hæmorrhage; we have in fine only to recognise that the *small* dose exciting the primary action *will cure* that state of disease which is similar to the secondary effect of the large dose, and that this law holds good, generally speaking throughout the domain of therapeutics, and we then step from the chaos of the "old school" into the order of the new—we cease to be empirics, and we become rational homœopathists.

For our own part, we sincerely trust that Dr. Ross will pursue his investigations,and carry out his train of reasoning to its legitimate issue. Homœopathy is not the "grave of science," it is simply the guiding-star of therapeutics, and the amount of work to be done under the guidance of the law of similars is limited only by the number of workers and the time and opportunities at their disposal. It is a matter of congratulation to ourselves that the absorption into the therapeutics of the dominant school of the numberless facts of homœopathic literature is at last bearing its true fruit. It was, and still is, our duty to expose this unacknowledged absorption by whomsoever carried on—history demands this at our hands—but we believe that this task necessary though unpleasing, may soon be laid on one side.

We defy any unprejudiced mind, of a calibre approaching in any degree that of Dr. Ross's, to avoid, after the perusal of Dr. Ringer's third edition of the "Hand-Book of Therapeutics," these two questions: First, "What are the grounds and verifications of these therapeutic statements;" and secondly. "Can I, if these statements be facts, hold any longer the idea that Homœopathy is a damnable and heretical quackery?"—Thinking men will put these questions, as Dr. Ross has evidently done; and we can wait not impatiently for the answer.

DOUBLE PERCEPTIONS.—Dr. Julius Feasen (in *Arch. f. Psychiatrie*, iv. p. 547,) says: "An intelligent gentleman suffered for years from periodically returning migraine. With the severe pains in the left side of his head, he also suffers from formications in the hand and foot of the same side, which feel as if asleep, and from a sensation as if the left side of the fauces and of the tongue were swollen. Sensation of heat on the left side is increased and the left pupil contracted. He also says, that in the prodromal stage of the paroxysm he frequently has double perceptions, that is, he thinks to have heard or seen things already, which he just hears and sees.

In this case the migraine and the other sensations depend on a relaxation of the vasomotors attacking the left side of the body and thus also the left hemisphere. The double perceptions are caused by the incongruent function of both hemispheres; in the right hemisphere with its normally acting function the perception is also normal, in the other one, irritated by the afflux of blood, the perception pales, both perceptions do not become united as in the normal state, but the more imperfect one follows the perfect one, as it were, as a reminiscence and both deal with the same subject, the reminiscence is that also of the same subject.

Diseases of Children.

THOMAS NICHOL, M. D., LL.B., MONTREAL, CANADA, EDITOR.

CHOLERA INFANTUM.

BY WM. C. RICHARDSON, M. D., ST. LOUIS, MISSOURI.

(Continued from page 562, Oct. 1874.)

SYMPTOMS.

The child is, to all appearances in the majority of cases, well up to almost the moment of attack; in this differing from the epidemic cholera of adults, in the absence of the premonitory diarrhœa or cholerin which usually precedes Asiatic cholera, and resembling more closely the cholera morbus of older persons in the suddenness of invasion, and also in the endemic rather than the epidemic character of its prevalence. This, however, is not invariably the case, for sometimes the disease is preceded by uneasiness and general malaise, but taken all in all, by far the greatest number of cases are without any well defined symptoms of premonition.

The child suddenly commences to vomit and purges copionsly without any seeming effort or pain, the surface of the whole body is all at once overspread by a peculiar waxen palor; the extremities become cold and clammy, with the exception however, of the head which is usually hot, as is also the abdominal surface, and occasionally the face may remain flushed; the eyes are sunken in the head and encircled by dark rings; the breathing is short and hurried, and the breath seems cold, in this regard resembling adult cholera; the face is flushed and shriveled; the nose becomes more pointed;—the whole muscular system is greatly relaxed; there is a complete lack of energy on the part of the child, so much so that it will not change its position except to take water, or toss or roll about in a listless, aimless, despairing manner. The pulse is peculiarly unstable or intermittent, sometimes it may be full and bounding, at others quick and wirey, or again it will become very feeble and almost imperceptible, but it is always invariably rapid and never, in the last moments even, becomes slow. There may nevertheless be an evening exacerbation, but on the following morning it will be found that if the beats are not quite so frequent as on the preceding evening, they are still of greater frequency than they were twenty-four hours previous. There is great thirst, in fact it is insatiable and one of the most strongly marked characteristics of the disease, if attempts to satisfy it are made, as is usually the case by perniciously administering frequent and copious draughts of cold water or any other diluent of whatever nature, the vomiting is greatly facilitated and made to become almost incessant, causing no gagging or effort on the part of child. Food, unless it be in a liquid form is utterly refused.—The vomiting at first consists of curdled milk or any other food that may happen to be in the stomach at the time of attack, or that may be given to allay thirst during the progress of the disease, afterwards it consists of slimy froth, smelling sour and sometimes being tinctured with bilious matter, every thing is ejected and nothing assimilated.

The purging is also copious, accompanying and sometimes even preceding the vomiting,the evacuations at first being large and in composition and appearance dependent on the contents of the bowels at the time of attack, but the discharges soon become less in quantity but more frequent, the matter changing to a slimy or frothy, dirty white or gray color, intermingled with green—are extremely putrid, acrid and sour smelling, the matter evacuated sticks to the diaper like mucilage, after a time there may be considerable tenesmus, the little sufferer drawing up the feet and legs as if cramped at each evacuation. There may also sometimes be frequent discharges of very offensive and fœtid flatulence ; the abdomen may be tympanitic, hot and excessively sensitive to the touch. There usually is a partially and sometimes a complete suppression of urine, and that which may be voided is thick, turbid, and shows traces of albumen. This has led some authors to erroneously confound the disease with uræmia. This condition may be of twenty-four hours duration and generally is accompanied by considerable restlessness, which the little sufferer manifests by its rolling and tossing about, placing the hands frequently on the head and moaning in a manner most piteous to see or hear; after a time this uneasiness is superseded by a kind of somnolent stupor, or in other words, a collapse, which is disturbed by frequent starts and tremors that may even, and often do amount to convulsions; the little patient may readily be aroused from this comotose condition and consciousness is always found to be unimpaired; which is not the case in hydrocephalus and is a diagnostic point of great importance.

The above comprises the usual symptoms and course of the disease; there are, however, many cases to be met with in which the malady assumes a sub-acute form, and all the above enumerated symptoms in a less violent though none the less dangerous form, are continued throughout a period of several days or even weeks—again there is a great liability to frequent relapses.

If death does not take place during the first onslaught of the disease, as is indeed too often the case where there is debilitated or pampered constitution for it to work on, or under mismanagement and heroic treatment; the disorder may now subside into arapid convalescence and the return to health will. be as speedy and sudden as was the occurrence of the attack Again it very frequently happens that the vomiting gradually ceases, the nervous system recovers slowly from the shock, the child rallies and regains partially its former strength, but a debilitating diarrhœa or dysentery remains to run a subacute course and finally if not properly treated becomes chronic, which condition is casually and quite appropriately designated as marasmus or *summer complaint.* This diarrhœa, or dysentery as the case may be, is very telling on the frail and immature little body, causing it to waste away rapidly, and taken altogether it is perhaps one of the most annoying difficulties peculiar to childhood that the physician is called upon to deal with.

Taking into consideration the fact that it is so familiar to every physician in general practice, I shall not attempt to enter into the protean characteristics so peculiar to it, but shall satisfy myself by giving some of the most frequently met with and prominent symptoms. In nine cases out of ten it is occasioned by irritation of the whole alimentary canal, caused either by the use of astringent or other injudicious remedies employed to abort the disease in its earlier stages. This irritable condition is often neglected and fostered by improper diet and bad medication until inflammation and ulceration of the intestines has taken place, which soon puts an end to the little sufferer.

Gastromalacia or softening of the stomach, another almost irremedial difficulty may and often does result from the same cause. The alvine evacuations are capricious as regards frequency and varied in character, sometimes being diarrhœic, at others markedly dysenteric; the child is very irritable, fretful, languid or drowsy-like; the appetite is also capricious, there being sometimes almost a complete absence of any desire to partake of any food, again there will be canine hunger; the abdomen is puffed, hot and sensitive to the touch; the head, especially the occipital region is hot, there is a constant, sometimes however, intermittent feverish condition, cold extremities and great emaciation.

CONVULSIONS.

During the acute form of cholera infantum as before stated, convulsions are frequently met with and often they will be found very violent and intractable to ordinary treatment; this is especially true if the disease should be diverted from its natural course during the earlier stages of its progress by means of violence, that is in other words—if the vomiting and purging are arrested by the administration of any drugs the action of which is to plug up, if the expression is admissible, the alimentary canal, thus preventing the excreta from finding a natural outlet, and causing them to seek some other place of deposit, the result will almost invariably be convulsions. The consideration of this phase of the disease lead us to its

PATHOLOGY.

Now I have a theory in regard to these convulsions, which if correct, and admitted so to be, will I most confidently believe prevent every physician from attempting to stop suddenly the evacuation peculiar to this disease.

To begin, let us first consider *what* the evacuations of the cholera infantum consist of, surely not of any food or drink partaken of by the child, for this is all expelled in the earliest stages by the first three or four discharges, but notwithstanding this the flux still goes on, and that too even if water and all other kinds of drink or food are entirely withheld, but of course their frequent liberal administration which is usually permitted greatly increases the quantity discharged.

It is I believe, almost universally acknowledged that the so called rice-water evacuations of Asiatic cholera and sometime cholera morbus after a time are composed principally of serum from the blood, which owing to the loss of nerve force and power of contractility in the vessels, coupled with a general relaxation of the whole vascular system, is poured out or we might say, drained off very rapidly. This is likewise true of cholera infantum.

Now, arguing *a priori*, what is more reasonable than to infer that if the natural channels of outlet for this excretion, if I am permitted so to designate it, be dammed up, which stoppage of flux no one I think will venture to say arrests the process of seral drainage from the blood, but on the contrary we believe it goes on and seeks some other place or cavity of deposit than the alimentary canal which has been forcibly denied it; the question now is, *where* will it find a place of lodgment? For my part I am satisfied and think it cannot appear but plausible to others, that the fluid under consideration finds its way to the spinal and cranial cavities where its presence acting as any other foreign secretion would produces irritation, compression,and finally convulsions! Even in many cases where the secretions are not diverted or arrested, the quantity poured out is so great that it not only keeps up the vomiting and purging, but also finds its way into the cavities containing the great nerve centres, producing irritation and convulsions result.

In support of this theory I may be permitted to adduce the fact, that a great many cases of infantile paralysis occur immediately after an attack of cholera infantum, especially where the disease has been accompanied or followed by convulsions. The paralysis manifests itself directly after the cessation of the convulsions—the modus operandi being thus: the brain and spinal cord have, as it were become accustomed to the excitement and irritation of the enveloping deposit that aroused them to such a state of convulsive activity, and now suffer only the constant but not increasing (since the disease spends its active force in a short time) pressure from the unnatural secretion, or rather excretion that surrounds them and occasions an incapacity to perform the proper functions of their office, hence the paralysis.

It may not be amiss here to suggest, that children who are characterized by the possession of large heads, and who have a constitutional tendency leading toward the development of hydrocephalus may, and in all probability do often have convulsions and even paralysis arising from the deposition in the cerebral and spinal cavities of the fluid under consideration, without the occurrence of any more violent symptoms such as vomiting, purging, &c., of cholera, there being only slight intestinal irritation coupled with looseness of the bowels to indicate the character of the disorder.

I may here appropriately perhaps state, as not altogether foreign to our subject and partially confirmatory to the theory advanced, that during the prevalence in St. Louis throughout the winter and spring of 1873, of the terrible epidemic of cerebro-spinal meningitis, I observed in numerous cases of that disease that there occurred a copious deposit of seral fluid, in the synovial sacs enclosing the knee and elbow-joints, which was doubtless occasioned by the meningeal inflammation having been extended to these membranous sacs which are well known to be closely related in structural formation to the membranes which were the original seat of the inflammation.

I also remarked that where this as it might, with propriety be designated vicarious deposit took place the patients almost invariably recovered from the attack, and that too without any symptoms of the paralysis that as is so well known frequently accompanies the convalesence following this disease, which paralysis beyond a doubt is occasioned by a copious deposit of fluid in the cerebral and spinal cavities as a result of the meningeal inflammation.

I could enumerate, did I deem it necessary so to do, in support of this theory, several cases of cholera infantum accompanied or followed by convulsions that very evidently were the result of an exudation; however I shall confine myself to the narration of one very strikingly characteristic and typical case which occurred in my practice during the summer of 1873.

At 6 o'clock on the evening of June 26th I was summoned in haste to see the child of Mr. J. C. The babe was aged 18 months, and had previous to the present attack enjoyed ordinary good health; there were however some indications of a scrofulous diathesis, it had not been weaned, but was given in addition to the breast food from the table. I was informed that the child had been attacked early that morning with violent vomiting and purging. It being some three miles or more from my residence to where the family were located, and as there was no messenger to be found, (her husband being absent) the mother in her fright and emergency called in an "old school" practitioner who happened to reside in an adjoining block.

Now let us see what "old regular" proceeds to do, nothing more or less than to administer some powders that I on examination found to consist of Opium, Calomel and Camphor? Now for the result of this most admirable prescription. The chólera as manifested by vomiting and purging was almost instantly arrested, and I suppose our *regular* friend thought he had made a beautiful cure; but alas for *regular* triumph! in less than three hours time from the stopping of the vomiting and purging, convulsions of a most violent nature set in—"regular" now says that the disease has gone to the child's head, which among homœopaths as well as regulars is always the excuse when this grave complication results—it satisfies parents you know, and besides it is strictly speaking true; but how does it come to go to the head? In this case as in many others, it was forcibly *driven* there by the medicines.

On my arrival I found the child in an almost continuous state of convulsions, the intermission between each convulsion being only an interval of about two minutes and-a-half during which there was a partial return to consciousness, then a return to violent convulsions which lasted during a period of from five to ten minutes. This condition had already existed several hours, and I at once informed the mother that I had but little hope of benefiting or saving the little sufferer, but nevertheless I prescribed with the view in end, to quiet the convulsive state and bringing about a restoration of the alvine evacuations.

On returning to see my patient the following morning, June 27th, I was happily surprised to find that my prescription had very fortunately and opportunely effected the result that had been desired—i. e., the convulsions had been banished on a return of free evacuations from the bowels. Nor was this all the change I discovered; in addition there existed, as might have been anticipated, complete paralysis of the entire right side including the face. Now *what* caused this paralysis? I think I can without fear of contradiction answer, that it was simply pressure of the fluid (that had been diverted from its natural channels of exit) upon the great nerve centres. I now leave the case by stating that after some three months treatment the patient was discharged cured of its paralysis and in general good health.

This is not an imaginary or isolated case, and with the exception of the paralysis, but one of many, that as before stated, did I deem it necessary in support of my theory, I could cite,as doubtless could almost any physician in active practice.

Where convulsions do not directly supervene from this copious exudation of serum, after a time another condition occurs that gives rise to grave cerebral symptoms. I cannot better describe this condition than by quoting from Dr. O. P. Baer in *Medical Investigator*, vol. ix., page 374. He says:

"I look upon the head troubles as simply symptomatic, *arising in consequence of the great drainage of serum from the blood*, thus leaving the crassamentum in excess, and in consequence of one sixth of the whole volume of blood of the person circulating through the head, the crassamentum must necessarily be great in excess. This contains all the carbon, fibrin, albumen; hence the great tendency to coagulation by overcoming the weakened force of the cerebral vessels. Venous action is tardy; veins look blue; serum is nearly gone. The child is anæmic—bled to death as it were, by excessive alvine discharges. The whole system is blanched, just as complete as a case of cholera Asiatica. And if you ever had a bad case of collapsed cholera to recover, the patient being intelligent will tell you of the numerous head symptoms.—Now analogy teaches us, or should teach us many things that nothing else will or can. I see my babe lie with its little eyes half-open when in sleep; its cerebellum, and indeed the whole base of the brain unnaturally warm, with tossing of the head from side to side; fontanels sunken, with moans and constant workings of the mouth; cold hands and feet. I know from analogy that I have a case of approaching collapse." * *

As up to the present writing I have not been able to make any post-mortem examinations of children who have died suddenly during an attack of convulsions resulting from cholera infantum or the sudden checking up of the discharges I can only bring to bear in this line the researches of many eminent pathologists who have found almost invariably in cases of death from the disease under consideration, that a deposit of seral fluid occupied the cranial and spinal cavities, surrounding and even occasionally infiltrating the brain and spinal cord.

The microscope has most satisfactorily and beautifully shown the shriveled condition of the red corpuscles of the blood, which with many other points useless to mention, could be brought forward to prove the great drainage of serum that takes place. Post-mortems have also shown that the villous coat of the intestines is raw and denuded, sometimes the denudation being only in patches, in others the whole surface is involved; the glands of Peyer and the solitary glands are softened, or even in many instances ulcerated perforations have occasionally been found, and in fact, the whole structure of the intestines is softened and in an almost disintegrating condition ; this is in those sub-acute lingering, and above all relapsing cases, especially true of the stomach and spleen,and has given rise among many physicians, and some of eminence even, to the erroneous supposition that the disease was caused by gastromalacia (softening of the stomach.)

PROGNOSIS.

Cholera infantum, owing to bad management on the part of parents and nurses, and a faulty system of therapeutics, has always been a disease greatly dreaded as well by the profession, as the laity. At the present time, however, in the light of a greatly improved system of therapeutics, and a better knowledge of hygiene and dietetic rules, I do not hesitate to venture my belief that the mortality may be reduced at least one-half.

(*To be continued.*)

THE CRY OF THE CHILDREN.—The *London Med. Record* says, that public attention in France has been much directed of late to the great decrease in the population during the last eight years. The census of 1872 showed a diminution of 370,000 since the census of 1866. Among the causes assigned for this remarkable decrease are, the enforced celibacy of the large standing army of France, the diminution of births in the married state, and lastly, the excessive mortality among infants. One of the first medical men who called attention to this neglect, M.Brochard,affirmed in 1866 that reckoning pauper children, 100,000 nurse children died annually in France of hunger, privation, want of proper care, and want of superintendence. The Academy of Science endorsed this statement by crowning the work in which it was embodied. Soon after M. Felix Boudet renewed this sad accusation, by declaring before the Academy of Medicine that France loses every year by its own fault 120,000 young infants under one year old. This first stage of life gives a considerable proportion of death rate everywhere,and an eminent statistician has given striking expression to this fact in the observation 'that a new born infant has less chance of living for a week than a man of ninety, and less chance of living a year than a man of eighty. In France, however, in ordinarily favorable conditions, M. Bertillon calculates that, up to one year of age,the death-rate averages 21.7 per hundred ; that is to say, more than one-fifth of the children born die at the end of the first year.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

SILICA BANDAGE OR FIXED BANDAGE.*

Instead of the plaster bandage and splint, Mr. W. W. Wagstaff, of St. Thomas Hospital, London, Eng., suggests another material in the form of Silicate of Soda, or Silicate of Potash. It does not require much of the article, and does not make a bulky cumbersome appliance, and it keeps clean and strong and sound a long time.

In one case of knee-joint disease, he kept on one of these bandages for four months, and it was not injured by use at the end of that time. He used only four ounces of Silicate in that case, and laid on the bandage in one length, but in three layers, each layer having the Silicate coated over it. His mode of using it is as follows:—

Encase the joint or fractured limb in cotton-wool, or a thin flannel roller; then over this to apply a common bandage, dry; over this to paint the silica by means of a brush or sponge, and to repeat the bandage and silica, so that two or three layers of each exist. As soon as the last layer is dry, another coating of silicate is to be put on, so as to give an even surface.

The limb is to be left exposed to the air for about half-an-hour, but there is no fear of any of the silicate coming off after the first few minutes, and after half-an-hour or less (varying with the temperature) the bandage is firm enough to prevent movement. However the bandage continues to harden for about two or three days, at the end of which time it should be quite firm; but it is usually firm enough in a few hours to insure immobility of a limb.

It is sometimes advisable. as when great strength is required to coat the splint after a day or so with fresh silicate; but where such strength is wished for, it is better to adopt a modification to which I shall refer directly.

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* Braithwaite.

The fixed bandage as now completed does not contract in drying, and does not produce the inconvenience which is often seen with the gum bandages, that of contracting at the margins and cutting into the skin. It forms a splint fixed of great lightness, cleanliness and strength, and of less expense than gum.

With children I generally take the precaution of varnishing over the surface with spirit varnish after a couple of days, so as to keep the bandage from the wet to which it may be exposed. The solubility of the silicate in water is of advantage, for it renders the removal of the bandage easy. Without taking the precaution of moistening it, I have seen a strong pair of scissors broken in removing one of the silica bandages from the knee.

The advantages then, which the silica bandage possesses over the gum bandages are—(*a*) much greater rapidity in drying; (*b*) greater cleanliness; (*c*) probably greater strength; and (*d*) greater cheapness.

Its advantages as compared with the starch bandage are—(*a*) its greater strength; (*b*) its greater rapidity in drying;—(*c*) its greater cheapness; and (*d*) its freedom from offensiveness after a time.

Compared with plaster-of-Paris, it is—(*a*) lighter; (*b*) cleaner; but it does not set so quickly, or afford quite so firm a support at first.

There is a modification to which I have alluded above, as securing greater strength in this bandage. Mr. W. C. Elliott, of this Hospital, has suggested the mixening of whitening with the silicate. As much whitening is mixed with the silicate as to make a fluid of the consistence of batter. This is used in the same way as the pure silicate, and the results obtained have proved very satisfactory.

In a case of dislocation of the knee from injury, he adapted a fixed bandage in the following manner:—

A thin layer of cotton-wool was spread evenly over the joint and retained by a bandage; over this strips of brown paper two inches wide, and plastered on both sides with the mixture of sodium, silicate and whitening were placed in the same manner as in strapping a knee, and the whole was plastered over with the mixture, so as to procure an even surface. This bandage remained on for eight weeks, and at the end of that time it was removed; it was still perfectly firm. The patient was able to walk about comfortably with this bandage on.

In removing the silicate and whitening bandage some difficulty may be experienced, owing to its great hardness, but if care be taken not to have too great a thickness of the coverings, this difficulty may be avoided.

We have therefore in this silicate bandage a means for providing immobility of joints and fractures, which far surpasses in convenience, lightness, cleanliness, firmness and cheapness any of the means hitherto made use of. If a limb be covered with cotton-wool, lint, wool, a worsted stocking, or any other soft protecting material, a surgeon may make use of strips of linen, bandage, or paper saturated with silicate of soda mixed or not with a salt of lime, such as chalk, whitening, or plaster-of-Paris, and procure a rapidly setting and extremely firm splint, the expense of which is reduced to a minimum.

ELASTIC LIGATURE FOR FISTULA IN ANO, NÆVUS, FATTY GROWTHS, AND DISEASED MAMMÆ, &c.*

This ligature for surgical operations seems to have been useful and successful in the hands of Prof. Dittel, of Vienna, Sir Henry Thompson, Mr. Cowell, Dr. H. Stanly Gale. The latter removed an epithelioma of the lower lip. Mr. Cowell removed a fatty tumor of the left forearm without loss of blood. Sir H. Thompson removed the right breast with satisfactory recovery by means of an India-rubber cord; while Prof. D. makes various uses of it. He remarks of its use:

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* Braithwaite.

The proceeding is easy, but it requires a certain care and precision, which may soon be acquired by patience and attention. The operator must avoid giving unnecessary pain thro' pulling the cord too tight and dragging on the part by having the part to be tied, supported or held up by an assistant. The ligature must of course be drawn tight and tied with two knots. The pain produced by tying is altogether not great, in many cases very trifling, and scarcely ever lasts more than an hour.

It is self-evident that the depth of the furrow produced depends on the degree to which the cord is tightened,and on the resistance of the tissues. It is probable, that the ligature may be applied less tightly than I have done from fear of failure, as the pressure is continuous until the elastic cord has regained its former length. The division of the part is effected by the continuous pressure of the cord, which compresses the vessels and lymphatics until the vessels are plugged and the access of nutritive material is completely interrupted.

The substance of India-rubber has the peculiarity of not producing suppuration; and hence, while the compressed parts disappear, a granulating furrow is left, and after the part has fallen off, a healthy luxuriant granulating surface remains. As the tied parts falls off, the ligature springs away from the granulations. The ligature then forms a closed ring, the aperture of which is so narrow that a probe or needle can scarcely enter it.

The process of ligature or division lasts from three to fifteen days, according to the thickness of the pedicle and the density of the tissues: in a case of cancer of the breast, the duration of treatment was fifteen days. I have never detected febrile symptoms, even when the surface was extensive and the pedicle broad.

The mode of proceeding I have varied according to the peculiarities of the task to be performed:—

1. In nævus, after transfixing it with the needles as for ordinary ligature, I have the tumor fixed by an assistant during the tying. A single circular ligature is sufficient. In the two

cases in which I used this treatment, the nævus fell off in eight days.

2. In fistula-ani or sinuses about the rectum, the elastic ligature has special advantages where the inner opening of the fistula lies high up, or the sinus extends far. In the case of sinus, an inner opening (into the rectum) is first made by means of a trocar. The trocar being withdrawn, the elastic thread is introduced through the canula and drawn through the rectum. This proceeding is rendered more easy by first introducing a metallic thread into the rectum through the canula, seizing it with the finger or forceps, drawing it through the anus and removing the canula. The outer end of the wire is now fastened to the small elastic tubing by means of a waxed thread. In this way the elastic cord is very easily drawn through, if the index finger of the left hand can be passed up the rectum as far as the opening. Both ends of the ligature are drawn upon and tied rather tight. The bridge of intestine with the sphincter is generally cut through in three or four days, and the patient finds the ligature contracted into a ring, lying in his bed. In complete fistula-ani, the metal wire is carried into the intestine along the groove of a director, and the use of the trocar is unnecessary.

3. In prolapsus-ani, the protruding fold is seized with hooks or polypus-forceps, as for the application of the ordinary ligature, and drawn down a little. In order that the fold may not escape from the forceps while the ligature is being applied, an assistant must press against the fold after it is seized, a second must stretch the cord, and a third must fix between his fingers a small portion of the cord corresponding to the fold, so that it remains only for the operator to tie the ligature. The ligature falls off in three or four days.

4. In sinuses I have used the elastic ligature many times.

5. In tumors, the elastic ligature has its application when they are pedunculated, or when they can be isolated, or when it is not possible or necessary to save the skin.

6. I have applied the elastic ligature to arteries in the following cases :—

(*a.*) To the popliteal artery on the occasion of amputation of the left thigh after Gritti's method. The ligature was thrown off on the sixteenth day.

(*b.*) To the anterior tibial artery in two cases of amputation of the left leg—the ligature falling off on the seventh day;—and once in Pirogoff's amputation.

(*c.*) To small branches of the anterior and posterior tibial and perineal arteries. I have thus ascertained that by means of the elastic ligature the flow of blood from the divided arteries may be completely arrested, and their final closure perfectly attained; and, further, that this ligature does not provoke suppuration. But with regard to the question whether it may be retained and encapsuled without mischief, so as to favor healing by the first intention, I have made no experiments. In the cases in which I applied it, the wounds were not closed except in the Pirogoff's operation, where the ligature was soon thrown off,

The mode of applying the ligature to arteries requires some improvement. I have so far modified it, that the elastic thread is first applied over the end of the catch-forceps, and when it it is tied, is pushed from the instrument by an assistant, with the nail of his forefinger. The ligature then springs over the artery that is held; but sometimes it misses at first.

The elastic ligature, on the other hand, when once applied, acts gently and continuously by its elasticity until the tissue that has been strangulated falls off and leaves no suppuration. The shortness of the time in which the operation is completed, also shows a balance in favor of the elastic ligature, and it is not much more expensive than good thread. I have no doubt that the use of the ligature will be found capable of extension to other cases, such as castration and the removal of lymphatic glands.

On account of the tendency of India-rubber to favor granulations I have lately applied it to chronic ulcers on the feet, and to other wound surfaces. I cover these with pieces of caoutchouc, which I press down gently by means of calico bandages. thus at the same time excluding the air. I may say that my own observations on each case, and the patients themselves, agree that healing advances more rapidly. We generally see a small ring about one or two millimetres broad, which at its periphery exhibits daily a new transformation into cicatrical tissue.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR

MYOSOTIS SYMPHITIFOLIA AGAIN.

BY DR. M. FUNK, CARMI, ILLINOIS.

Referring to my article about this important, life-saving remedy in the August No. of the *American Observer*, and to Dr. Delamater's report about the botanical relations of the plant, *ibidem*, I take the liberty to relate my further experiences and investigations about this object, in order to settle permanently the identity and distinct individuality of the plant as a *new, heretofore undescribed species*, without which statement it would be impossible to avoid mistakes in the future.

In order to prove myself qualified for this task before the reader and the botanical authorities, I herewith state:—that I studied Botany under the guidance of the meritorious Professors Kunth, in Berlin, and Reischenbach, in Dresden,whom I often assisted in identifying plants and giving explanations to the students, when making botanical excursions with them into the extensive surroundings of said cities (during the years 1837–9,) after I had previously mastered the primary introductions to this, my favorite science, at the high school in *Frankfurt-on-der-Oder*.

The Myosotis-palustris is here out of the question altogether ; its beautiful, larger gay flowers, upon numerous crowded stems, in swampy places and ditches, sufficiently distinguishes it from the smaller, singly upon dry, sunny places growing *M. arvensis*, of which Prof. Babcock (who only saw the *dried* specimen sent by me, but *no fresh* plant) says, that it much resembles the new species M. symphitifolia.

I can by no means agree with this opinion, so far as the M. arvensis is known to me according to my vivid recollections from Germany, (having never found it in America yet), it is even *much more* distinct from the new species than from the M. palustris ; I have seen the M. arvensis upon poor and rich ground, but it always preserved its peculiar characteristics.

The popular name "Mouse-ear," given to the 3 or 4 heretofore known species, is given on account of their small, ear-like leaves, while the leaves of the *new* species are often nearly 1 foot long, so that nobody would take it for a Myosotis, if not the flowers evidently proved it. Neither the richest ground nor the most skillful cultivation could ever enlarge the leaves of the M. arvensis even to *one-quarter* of the size of the *new* species, and if it could, the flowers would most probably *also* be proportionately enlarged and beautified ; but on the contrary, the flowers of the *new* species are *smaller*, and entirely without the beautiful regular shape and color, like those of the M. arvensis, (which are just as beautiful, but only smaller than those of the M. palustris.)

Moreover—the soil about Evansville, Ind., is not very rich at all ; I found the *new* species three years ago upon low, damp ground in the woods, and last spring upon hills, as well in the shadow of the trees, as on the open, sunny hill-sides ; and the only difference was in the color of the buds, which showed upon the low, damp ground, *before they were fully unfolded*, a slight bluish or reddish tinge; whilst upon high ground they were whitish altogether—the petals are of a more tender, flabby texture, than those of the M. arvensis, and therefore lack the stiffness and consequently the brisk regular shape which makes the other species so beautiful.

There was, of course, specimens of *different* richness and poverty, according to their more favorable or unfavorable locations ; but their peculiar character was fully recognizable in every single specimen ; stems and leaves much stouter, than those of the arvensis ; flowers smaller, scantier, and dull whitish. I do not exactly remember what kind of roots the M. arvensis has, but believe that it is an annual plant, and therefore doubt entirely, that it has such a thick, cylindrical perennial root as the *new* species.

The above explanations also show, that Professor Hale's suggestion : "the rich ground might have changed the character of the M. arvensis," is unfounded. Moreover—there is no M. arvensis to be found (nor M. palustris, nor M. laya) in this whole region of country; therefore, a supposed hybridization is altogether out of the question, and since the leaves resemble those of the Symphitum officinale, in such a remarkable degree,that the first discoverer *mistook* the plant for Symphitum, I think there could hardly a more appropriate name be given to the *new* plant, than *Myosotis symphitifolia.*

Notwithstanding my extensive searching and inquiring for the *M. symphitifolia* through a considerable part of the counties of Vanderburgh and Posey, Ind.. and White county, Ill., I have heretofore found it only in *one* place, where it grows in sufficient abundance to supply our homœopathic pharmacies with the necessary quantities of its valuable roots. This place is on both sides of the Evansville and St. Louis railroad, near the *first* mile post, between it and the rolling-mill—which I herewith communicate for the general benefit of our profession and botanists. On the other place, about 1½ miles from Evansville, near the Newburgh road, where Mr. Graupner first showed me the plant, it grows only sparsely, and in the "black grove" near Mt. Vernon, Posey county, I found only three or four single specimens.

Dr. Eggert, in Indianapolis wrote me last winter, that he had used up his supply of tinc. of *Myos. symph.*; that the clinical results of its application even surpassed his expectations, and that he was anxiously awaiting the time when the fresh tincture and a trituration could be obtained. I have supplied him with freshly gathered roots, and would be thankful to him if he would publish the particulars of his clinical experience with the remedy in the *American Observer.*

My opinion is, that the *trituration* may better contain *all* the medicinal powers of the remedy, than the tincture; and thar *pure* alcohol for the fresh root, and *diluted* alcohol for the dry root don't extract the vegetable slime sufficiently. I hope Dr. Delamater will make the necessary experiments, to settle this still open question.

The remedy can be obtained at the office of the *American Observer.* I have no more on hand.

How to Edit a Medical Journal.—One of our colleagues, says the *Hahnemannian Monthly*, writing up this matter in a truthful and plaintive key. After giving the subject due consideration, we have arrived at the conclusion, that the only plan likely to give satisfaction to everybody will be to issue with blank pages and a notice to each subscriber to fill in to suit himself. One wants "discussions—they are practical and valuable"; another damns the journal because it contains so many society reports and discussions; one wants long papers, while others can tolerate none but short ones; one man thinks perfection is reached when Drs. A. B. C. jerk out short sentences in the oracular style, which resemble the jerks of ancient oracles by their obscurity. Another prefers the well padded papers, replete with rounded periods and scientific nomenclature, of Dr. D. In fact, one wants soup, another fish, a third meat and potatoes, and a fourth dessert; while all are agreed in being dissatisfied with the poor editor's *olla podrida*, which he serves up, as best he can, from the odds and ends that come to him and escape the gaping waste-basket.—Come, gentlemen, let us have grace before meat and less *sauce piquante* in the way of growling; and if you want more savory viands served up monthly—the high-seasoned dishes of Simoustapha—provide the materials, and the editor, as *chef*, will dress them according to the best of his ability. The editor's work is a labor of love—not of pay—in the Homœopathic school at all events, and if you don't feel like giving him praise for what he tries to do for you, be sure that he will not get gray nor bald sooner, nor do his work with less ability and cheerfulness, if you do not scold at him.

BUREAU OF CLINICAL MEDICINE.

At a meeting of this Bureau held in the parlor of the International Hotel, Niagara Falls, June 10th, 1874, it was resolved that we should consider at the next meeting of the Institute

"Diabetes and Bright's Disease."

The following assignments were made:—

Dr. Martin, *Chairman*—Pathology and Diagnosis of Bright's Disease.
Dr. Eggert—Differential Diagnosis of Bright's Disease and Diabetes.
Holcombe—Therapeutics of Bright's Disease.
Lilienthal—Therapeutics of Diabetes.
Ober—Clinical Cases of Bright's Disease.
Pettit—Pathology and Diagnosis of Diabetes.
Watson—Reflex Nervous Symptoms of Bright's Disease.
Beckwith—Reflex Nervous Symptoms of Diabetes.
Cooper—Clinical Cases of Diabetes.

Contributions from other members will be acceptable.

INFLUENCE OF ALCOHOL AND TOBACCO ON THE HEART.—Dr. A. Leith Adams, in an article in the *Lancet*, remarks that nowhere can the thoracic sounds be better studied than at a large recruiting depot. He says: "It is indeed curious, as well as interesting and instructive, to notice the vagaries in cardiac sounds alone. These, although in no ways so varied as the causes to which they owe their existence, are sufficiently conflicting. Thus frequently, between exciting and depressing influences of one kind or another, it is very difficult to say 'how far abnormalities are ascribable to temporary and to organic derangements. Under such circumstances, cases often occur apart altogether from the morbid sounds when the heart's rhythm is perverted. I can give no better definition than a muffling of the two sounds, or what might ordinarily be called a 'variety of irritable heart,' occurring, however, occasionally in subjects not naturally of an excitable temperament. From these persons it was very often readily elicited that they were given to an excessive use of tobacco, either by smoking or chewing, or the two combined, accompanied in many instances, by drunken habits. The amount of tobacco consumed daily was ordinarily half-an-ounce, and often nearly a whole ounce. From constantly observing cases of this description, and invariably associating them with the above cause. Is desired several recruits to abstain entirely from tobacco and alcoholic drinks for a week, and return for inspection. In three or four instances out of ten all the symptoms disappeared; whilst in the cases where there was little or no improvement, it was more than probable that the injunctions were not carried out properly. I do not know of this want of clearness in the systolic and diastolic sounds is to be detected in every instance of the excessive use of tobacco or of alcoholic drinks; but judging of the prevalence of the state in question among Londoners (chiefly indoor workmen and persons leading sedentary lives) it would seem to be pretty general."

EMBALMING.—*La France Medicale* gives the Brunetti process:

1. The circulatory system is cleared thoroughly out by washing with cold water until it issues clear from the body. This may occupy two to five hours.

2. Alcohol is injected so as to abstract as much water as possible. This occupies about a quarter-of-an-hour.

3. Ether is then injected to abstract the fatty matters. This occupies two to ten hours.

4. A strong solution of tannin is then injected. This occupies for imbition two to ten hours.

5. The body is then dried in a current of warm air passed over heated chloride of calcium. This may occupy two to five hours. The body is then perfectly preserved and resists decay. The Italians exhibit specimens which are as hard as stone and perfect in form.

AN EGYPTIAN MEDICAL TREATISE.—Among the printed works submitted to the Oriental Congress (says the *London Med. Rec.*,) was a remarkable *fac simile* exhibited before the Hamitic Section by the discoverer, Prof. Ebers, of Leipzig. This is a complete book from beginning, to end and in respect to size is only surpassed by the great Harris Papyrus in the British Museum. The manuscript in question is a perfect hand-book of Egyptian medical science; and without pretending that the physicians of our time have much to learn from their embalmed predecessors of the Nile, this papyrus may yet afford them a rich source whence may be drawn the history of their science from its earliest dawn. A calendar on the back of the *MSS.* informs us that it was written in the 16th century B. C. We know already that at this remote period Egypt stood in political and commercial relation with the neighboring States of Western Asia; but the Ebers Papyrus teaches us further that there already existed an interchange of thought and knowledge. Not only a vast number of medicaments procured from Asia are alluded to, but we find also *recipes* borrowed from a celebrated physician of the town of Byblos, in Phœnicia. Other *recipes* are derived from older writings, as, for instance, "The Book of the Wisdom of Men." The typographical reproduction is the work of the printers, Giescke and Devrient. By a new process, the 110 pages of which the *MSS.* consists are imitated with surprising fidelity. In about two months the whole work will appear, accompanied by a translation from the hand of the editor, Professor Ebers.

MEDICINE IN RUSSIA.—The *London Med. Rec.* says the *Golos* of St. Petersburg states that in Russia there is but one physician to every 17,800 souls. There are governments such as that of Perm, circles like that of Sherdink, where the proportion is still smaller, and there is scarcely one physician to 60,000 souls. There is, moreover, one hospital to every 175,000 inhabitants; one for women in labor to every 6,000,000, one for foundlings to every 1,350,000; one lunatic asylum to every 390,000; one deaf and dumb institution to every 11,00,000. The Russian journal says that the army is better provided for, there being one hospital to every 5,000 men. In Prussia the proportion is one to 1,250. In Italy there is one physician to every 2,280 inhabitants; in England there is one medical man (surgeons included) to every 3,180.

CREMATION IN EARNEST.—The *London Med. Rec.* says the municipality of Vienna has, by advice of the Board of Health of the city, decided that the cremation of the dead should be immediately carried into operation on the same plan which has been completely successful in Leipzig. As the annual mortality of Vienna amounts to about 20,000, the public authorities reckon on making a great saving as well as a considerable benefit to the public health.

Clinical Observations.

D. A. COLTON. M. D., CHICAGO, ILLINOIS, EDITOR.

RETRO-PHARYNGEAL ABSCESS.

BY F. SEEGER, M. D , OF NEW YORK CITY,*
Attending Physician to the Department of Diseases of the Nasal Cavities, Throat, Respiratory Organs and Heart, at the North Eastern Homœopathic Dispensary of New York.

This form of abscess has its seat in the connective tissue between the pharynx and the spinal column. It may arise either spontaneously from unknown causes under the form of a phlegmonous inflammation, or may be due to caries of the spine, or to scrofulous inflammation and suppuration of the lymphatic glands at the back of the pharynx. It is also, occasionally, secondary to typhus, measles, puerperal fever, septicæmia, and other infectious diseases.

The phlegmonous form gives rise to violent local distress, as well as to severe constitutional disturbance. The symptoms are well marked and not easily mistaken. The pain is deep seated and pulsatile, the parts are red and intensely inflamed, the difficulty in deglutition is very great, the breathing more or less embarrassed, and the patient owing to the increased amount of pain caused thereby is unable to lie down. If the abscess and swelling be extensive we find the soft palate and uvula pushed forward; if the abscess is seated lower, we may find the hyoid bone and larynx pushed forward,and if it be seated laterally it may become perceptible externally at the angle of the inferior maxillary bone. The cause of this form is always acute.

When disease of the cervical vertebræ accompanies or causes the retro-pharyngeal abscess we generally find the vertebræ, sensitive, swollen and displaced. The disease is preceded by stiffness of the neck, and usually there are more or less of other symptoms of the vertebral disease; there is difficulty of swallowing, more or less interference with free respiration; inclination to snore and to sleep with the mouth open. Children evince the greatest anxiety and distress when given drink or in taking the breast, and during the cough paroxysms which set in, there is choking or regurgitation of the fluid through the mouth and nose. These symptoms are sometimes mistaken for some primary affection of the larynx, as croup, laryngitis, laryngismus, etc. This is very likely to occur, if beside these symptoms there is continued dyspnœa, the child hoarse or voiceless, and the cough has a croupy sound.

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* Delivered before the class of the Hahnemann Hospital Clinical School session of 1871–2, in the course of lectures on "Diseases of the Nasal Cavities, Throat, etc., etc., including Laryngoscopic, Rhinoscopic and Physical Diagnosis."

If the abscess be sufficiently large it may close the pharyngeal cavity or glottis, the respiration becomes dangerously impeded,and unless prompt relief be afforded,the patient becomes cyanotic, the countenance looks enlarged, the eyes become staring, there is violent pulsation of the carotids, and there is the greatest danger of sudden suffocation. In other cases there is danger of œdema glottidis, or the abscess may open during the time that the patient sleeps, and the entrance of the contents into pharynx may choke him. Sometimes the abscess breaks spontaneously into the pharynx,and the contents being swallowed or vomited, there is rapid subsidence of the symptoms.

In the case of children where the symptoms spoken of are present, it will be criminal if we neglect an examination of the pharynx, as we may by this means arrive at a quick and certain diagnosis. On introducing the finger we may readily feel close behind the soft palate, a tense, elastic tumor, which usually fluctuates distinctly and can not be readily mistaken.

The course of a retro-pharyngeal abscess when owing its origin to disease of the cervical vertebræ, is usually stealthy in its mode of invasion, and tardy in its progress, there being frequently an entire absence of the ordinary symptoms of inflammation.

The prognosis in the phlegmonous forms is under intelligent management good. Where there is inflammation and disease of the vertebræ, and in pyæmic abscesses it is not so. The same applies in cases of syphilitic and mercurial character.

In the phlegmonous form, the swelling which is easily seen and felt, should be punctured at the earliest possible moment to prevent death from suffocation, which, if the case is neglected or misunderstood will be almost certain to happen from the *pressure upon the glottis* or its sudden escape into the air passages. In inflammation of the vertebræ early and judicious opening is still more strongly indicated,as in addition to the reasons given for the opening of the phlegmonous variety, there is danger of burrowing of the abscess and of the supervention of caries of the bone.

In the phlegmonous variety if the fever is high and other circumstances are equal, we may use *Aconite* to advantage.—When we have bone diseases as well as inflammation or caries we may have occasion to use *Mercurius*, *Silicea*, *Nitric acid Aur. muriat.*, *Merc. sol.*, etc.

To aid the retrocession of the swollen and dislocated vertebræ Kafka has seen the most rapid results under the methodical use of *Phosphorus* 6th to 30th, or of *Natrum muriaticum* 6th to 30th.

If caries remain to be treated, he advises the methodical use of *Silicea* 6th to 30th, or *Asafœtida* 6th to 30th. For the simultaneous constitutional improvement Kafka advises a stay in the country and an appropriate strengthening diet.

In the secondary form, as also in small children the opening of the abscess is also important for reasons similar to those already given above.

The use of cold applications and compresses in the early stage will afford the patient much satisfaction and will be of use. Later, or when the suppurative process has become more fully established, the cold applications should be changed for warm.

Before concluding I wish to draw attention to a brief article from the pen of Prof. C. H. VonTagen, M. D., of the Cleveland Hospital College on "Retro-Pharyngeal Abscess in Infants," which will repay perusal (see *Ohio Med. and Surgical Rept.*, vol. vii., July 1873.)

718 Lexington Ave., New York.

CURE OF GOITRE.

BY DR. M. FUNK, CARMI, ILLINOIS.

In my former place of residence, New Orleans, I was in the summer of 1865 called to a young German lady, about 20 years of age, who was suffering with dyspnœa and a troublesome cough. When I entered her room, I was surprised to find her affected with a large goitre, which disfigured her otherwise handsome appearance, in a pitiable manner.

My first question was, of course, how long she had been affected with this appendage; she answered that this was the case for over 3 years. She had repeatedly employed medical aid, but wholly without effect. Every physician had promised her a certain cure, but had failed to effect even the least improvement. And since she had noticed that she got nothing but the "everlasting" Iodine-salve—however in different strength and preparation—and therefore refusing its further use, she had at last put confidence in the assertion of a specialist for throat and pulmonary diseases, who utterly condemned the Iodine salve, and proposed to treat her by *internal* remedies.

She had now taken "awfully strong medicine" of a very suffocating taste (probably Bromine) for many weeks, but seeing, that the goitre could thereby not be *stopped* in its growth, but even *grew larger*, she had despairingly given up the hope of ever getting rid of this disgusting appendage. Her mind was in consequence of her ruined prospects in a true "Ignatia" condition, and "she had often been crying whole nights"; she had now most every month attacks of dyspnœa at which times her goitre "seemed to be larger."

By consulting the almanac I found that it was just *full moon* time. This coincidence she had never paid particular attention to; she had only noticed, that sometimes a slight improvement and diminution of her goitre had seemed to commence and to reinliven her sunken hopes for a cure, but new disappointment had invariably followed.

Any *cause* for the generation of the goitre could not be detected; neither the use of lime-containing water (either cistern or Mississippi water being used in New Orleans) nor mechanical injuries, nor any psoric disposition seemed to be in fault. Under these circumstances I could only try to relieve her dyspnœa, and I satisfactorily succeeded with alternate doses of Ipecac. 100 and Arsenic. 100.

Of treatment of her goitre she would at first hear nothing, having been so often disappointed; but by explaining the principles of homœopathy to her she attentively listened, and at last consented to a trial.

I did not excite her hopes by *extravagant promises*, (as her former physicians had invariably done; the less so since the vainly applied Iodine and Brom.are also *our* [the homœopaths] sheet anchors in this affection; but only referred to the natural healing powers of life, which suffer no *enforcement*, but readily yield to gentle *assistance.* And this "humbug-condemning modesty" (as she expressed herself) was her full confidence, even more than I had intended; feeling myself now more uncertain *than she did.*

But after a short consideration, I concluded to try in this case Dr. Gunther's remedy, which is so highly recommended by the much abused, but indisputably *eminently* successful Dr. Arthur Lutze, (since deceased) in Cœthen. This remedy consists of—

℞ Spongia tosta.
Pulverized Egg-shells ăă ʒi.
" Rock-candy ʒij.

Of which, well triturated mixture about 6–10 grains are to be given during a *declining moon* for seven evenings, and then to discontinue until after *the next* full moon, when the same quantity to be given for seven evenings again—and so on.

She followed strictly this prescription, and to *my* astonishment and *her* indescribable joy, the goitre had completely disappeared at the *second* new moon! For security's sake I ordered her to take, after the third full moon, seven small doses of 1—2 grains, and I had the satisfaction to see her married soon after.

I saw her at last in the spring of 1870—she had two children, and her neck and throat was still slender and well-formed—*no trace* of the goitre discernible.

UMBILICAL HERNIA IN INFANTS.

John Gorman, Esq., writing to the *Med. Times and Gazette*, says:—

"An experience of forty years of active practice enables me to speak very decidedly as to a plan of treatment which has been adopted, and in every case with uniform success, so that I am not able to point to a single instance in which it has failed. I am induced therefore, to request an insertion of the plan adopted in your pages. It is as follows:—

Having placed the child on its back in the mother's lap, the hernia is pushed in with the forefinger. The skin of the abdomen on either side is now pinched and folded up with the finger and thumb, and brought over so as to make both folds meet. The hernia now lies underneath the folds, which are represented by two parallel lines in contact with one another. Holding the folds in close apposition, by applying the thumb and fore finger of both hands above and below, the mother or assistant now applies six strips of diachylon plaster—four transverse, two oblique. The transverse are three inches long by half-an-inch wide, the oblique are four inches long by half-an-inch wide. The small belly-band which has been used from time immemorial is now applied, and serves to keep the plasters in their place, These plasters will remain on, although the infant is washed well every night and morning, for four days, when they can be removed, and fresh ones substituted.

It may be as well to notice, however, that the whole of the strips should not be removed at once, but one by one ; and as fast as one strip is removed another fresh one should replace it. In this way the chances of a protrusion during the crying or coughing of the child are much diminished."

ANALYTICAL THERAPEUTICS.—M. Hirtz (in *Gaz.Med.Strasbourg*) says *Eclec. Med. Jour*, sums up the method which has constantly governed him in his investigations, as follows :—

1st. That the disease must not be considered as an independent *being*, nor a concrete *body*, but as a physiological *act* deviating from its normal type.

2d. That the value of a remedy must be equated, not from the disease considered as a whole, nor from the crude and fortuitous fact of the cure or the want of success, but from its *physiological action* on such organs or such functions, or from its clinical influence upon certain morbid acts.

3d. That the supputation of the dynamic action, the determination of the therapeutic indication, and the appreciation of the final result can only rest upon these elementary acts.

4th. That this method which we call *analytical therapeutics*—(specific medication ?)—is the only truly scientific and progressive one, and that the other, that which takes for a criterion success and failure, constitutes an irrational, retrograde method, termed numerism or empiricism.

5th. That in order to make a scientific therapeutics, we must know thoroughly the physiology of the disease, and the physiology of the medicament, to the end that the one may be dominated by the other.

ALBUMEN IN URINE.—*The Chemist and Druggist* states, that M. Esbach proposes picric acid as an agent for the detection of albumen in urine. A few grammes of a hot concentrated solution of picric acid are poured into a test-tube, and into this the urine to be analyzed is allowed to fall drop by drop. The albumen immediately appears in milky clouds, which show well in the fine clear yellow of the picric acid. If the acid be poured into the urine, the same result does not follow, for says the author, the excess of acid redissolves the precipitate as it is formed. M. Esbach recommends the addition of 50 c. c. of acetic acid to 950 c. c. of a saturated solution of picric acid, so that part of the latter may not be neutralized if the urine be alkaline.

PULMO VULPIS:

NOTES CLINICAL AND EMPIRICAL.

"*Dear Doctor*:—As mentioned to you some time ago, I am subject to hay fever, which, as a rule, culminates in an attack of asthma that comes on between 11 and 12 at night, and obliges me to sit up until it subsides.

For some years I have been able to control these attacks with *Aralia racemosa*, but during the recent wet spell I stayed over night with some friends in Brooklyn, and on retiring found the sheets of my bed chilly and damp. In a few minutes that too well-known coryza supervened in full force, accompanied by incessant sneezing and difficult respiration—seemingly as if the whole lungs were choked up with mucus. I managed to get a few hours of sleep, but had to arise about half after four on account of asthma.

This was on Friday night (Sept. 18th) and from that time, and especially on Sunday (Sept. 20th) the coryza became fearful, until by Monday noon it began to settle on the lungs.—The asthma increased in intensity nightly until the climax seemed to be reached on Tuesday night, (Sept. 22nd) when the fit kept me up and pulling for breath from 11:30 P.M., until 8:30 A.M. I then remembered what Grauvogl says about Fox-lung, and began to take the first trituration thereof—a grain every two hours.

The next night I awoke with a furious coryza—a true *Aralia* coryza, excoriating the nostrils—but with so mild an asthma that after a little over an hour I fell asleep. The coryza continuing the next morning I took *Aralia* 12th, in alternation with *Pulmo vulpis*. That night my sleep was uninterrupted.

One week from the taking of the cold I was well as ever;—formerly, and under similar circumstances this nightly asthma would have recurred night after night for three or four weeks.

The Fox-lung also gave great relief to my mother, aged 73, who has been subject to asthma for more than twenty years."

The above record was given me at a time when the nightly asthma, fits of an hay fever victim had made me disgusted with "practice" in general and myself in particular. I was not unaware of Grauvogl's recommendation of Fox-lung in *humid asthma*, but I had a prejudice against a remedy the "indications" for which seemed to depend upon so "fanciful" a doctrine as that of *signatures*.

From the gentleman whose above-mentioned experience led me to try it, I received two-drachms of *Pulmo vulpis* 1st. I made up twenty powders, using about half of the whole quantity, and let the victim take one every two hours. He was two days in consuming them, and during this time experienced no relief. *The first night after he had taken the last powder he noted a marked improvement; and in thirty-six hours he was wholly well.*

As the patient is my father I have had ample opportunities to learn *the natural course* of his "hay fever," and never since he has had æstival catarrh has its final asthmatic role been so shortened in the period of its nightly recurrence. With a becoming dread of the *post hoc* fallacy, I am still obliged by the past history of this case to believe that the *Pulmo vulpis* may safely claim the *propter* as its own.

In stating the symptoms for which I gave Fox-lung I may be permitted to narrate the history of this patient's last summer's attack of hay fever.

Probably owing to the rainy season the conjunctival and nasal hyperæsthesia, lachrymation, and catarrh occurred much later than usual. Itching at the inner canthi; lachrymation and sneezing; conjunctival injection, profuse smarting lachrymation, sneezing and *watery* discharge from nose (not excoriating) in such quantity as to "soak" three and four old fashioned bed-quilt-sized silk pocket handkerchiefs. *Aggravations* from changes of temperature, a current of air, a bright light (sudden stream of sunlight on eyes,) and exercise sufficient to start the perspiration. *Amelioration*—after getting warm in bed.

I have fought this patient's annual attack on many lines, "all summer," too, and with varying results. I may well say varying results, for in no disease have I ever found the *simillimum*—so far as I can find it—so uncertain in its action. On this last occasion I used *Benzoic acid* 1-100th, being led thereto by the (slender) consideration, that as *Benzoic acid* is the odorous principle of *Anthoxatum odoratum*, it may be that which has given this drug its efficacy in some cases of this disease.

On consulting the pathogenesis of *Benz. acid* I justified a trial of it by the following symptoms:—

9. Confused head.
25. The head-symptoms occur readily when one uncovers himself to a draft after mental emotions, in the morning on awaking.
32. Burning heat in the eyes.
33. Burning heat in the lids.
34. Itching in the outer, and then in the inner angle of the right eye.
35. The eye-symptoms occur readily in the open air, when walking, when reading by artificial light.
45. The flowers when snuffed are said to be a strong sternutatory.
48. A cold in the head readily occurs from exposure to cold; is renewed every day.
49. Heat during the coryza.
50. Pressure at the root of the nose.
52. Sensitiveness of the nose (hyperæsthesia ?)
53. Itching of the septum of the nose.
54. Redness in the corners of the nose.
66. *Itching of the chin.**
229. Violent itching in the back.

The hay fever had started fairly when *Benz. acid* 1st, grs. iii., every two hours, was taken. In twenty-four hours the patient felt that he was master of the situation. All through the occulo-nasal period this remedy held the disease in check. It was not a "cure"—it seemed as if the remedy was merely able to neutralize the exciting cause. But my patient's condition was made so comfortable that he was very thankful for the remedy though it was only a sort of palliative.

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* "One curious symptom of asthma, which I have found present in a large number of cases, (I am not sure it is not universally present,) but which I have never seen noticed in any treatise on this subject, is *itching under the chin*. I have often known that the breathing of asthmatics was tight, and told them so, from seeing them scratching and rubbing their chins. The itching is incessant, and of an indefinite, creeping character; but although it is impossible to help scratching it, the scratching does not relieve it. It is often accompanied with the same itching sensation over the sternum and between the shoulders—especially between the shoulders. It appears the moment the first tightness of breathing is felt, and goes off when the paroxysm has become confirmed—indeed, I think it is more pronounced in those slight and transitory tightnings of the breathing to which asthmatics are so liable (as for example, after laughing) than in the regular attacks. *But I think it is the most strongly marked of all in the asthma that accompanies hay fever.*"—[*Salter on Asthma*, p. 73, 2nd edition.]

I have always regarded the asthma of hay fever as owing to reflex action, but although the *Benz. acid* had saved my patient from that peripheral irritation which ultimately induces the asthmatic explosion, I was surprised to find that that the fits of nightly asthma supervened at the usual time. Perhaps a persistent use of the *Benz. acid* would have averted this, and I shall act upon the surmise when the next occasion offers.

When the *Pulmo vulpis* was used my patient's condition was as follows:—

Chest "full of phlegm" all day, and respiration correspondingly incomplete. Markedly worse at night. Retired at half-past 9 or 10—could not lie down without the chest tightening up at once; dyspnœa; constant fits of coughing; musical râles—chest answers the Scotchman's description of a hand-organ, *a "kist o' whustles."* Would at last fall asleep only to be awakened at 12 or 1 o'clock by a smart fit of asthma. His only relief was obtained by getting up and smoking a pipe or two.

I have stated the result of using *Pulmo vulpis*, and will only add that this patient is so favorably impressed with the *Benz. acid* and the Fox-lung as to look forward to the next summer without the dread which he has felt for several years.

I am not prepared to believe that the use of Fox-lung in humid asthma is deduced by Phytognomy, or the doctrine of *signatures*, because it was employed for this purpose previously to the propounding of this doctrine.

Paulus Ægineta, who wrote in the seventh* century, notes the following medicinal properties of the Fox:—

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* Russell, "*History and Heroes of Medicine*" misled by the "*Biblioth. Literar. No. 2, 4*," commits the error of placing him in the *fifth* century, A. D. 420. Both Friend and Adams accept the date given in the text.

"Vulpes, *the Fox;* the whole animal if boiled alive or dead, renders the oil discutient, when it attracts the deep-seated fluids to the surface. Wherefore, when arthritic patients are put into a hip-bath of this oil for a considerable time it removes the complaint entirely, if at its commencement, and moderates it if protracted.

COMMENTARY.—Galen and Serapion give nearly the same account of the medicinal properties of the *Canis vulpes* as our author."*

In the 10th century the Anglo-Saxon *leech* had far more extensive use for the Fox. As the chapter is more than a curiosity I shall cite it entire from the "*Medicina de Quadrupedis of Sextus Placitus*"†:—

"1. For the troubles of women, who suffer trouble in their inward places, work for them into a salve, a fox's limbs and his grease, with old oil and with tar; apply it to the women's places; quickly it healeth the troubles.

2. For head sore, smear the head with the like to what is here above said; it healeth wondrously.

3. For sore ears; again, like what is here above said, take the same salve when clear, drip it into the ear; wondrously it healeth.

4. For sore of milt, a fox's lung sodden in hot ash, and pounded before that, and reduced to a drink, healeth wonderfully the milt; so doth his liver that ilk.

5. For warts, take a fox's coillon, rub the warts very often therewith; quickly it breaketh them up and removeth them away.

6. *For oppressive hard drawn breathing a fox's lung sodden, and put into sweetened wine, and administered, wonderfully healeth.*

7. For sore churnels, take a fox's caillon, and rub often therewith; soon they will be (w) hole.

8. For sore of fauces, take a fox's sinews, and wet them in honey, and rub the fauces with them oft; soon the sufferer will be well of that plague.

9. For headache, take a fox's naturam; surround the head on the outside; quickly the sore of the head will be banished far away.

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* The Seven Books of Paulus Ægineta. Translated by Francis Adams vol. iii., p. 36.

† Quoted from a translation of an Anglo-Saxon *MSS.* of the 10th century.

10. Ad congressus cum muliere; the extremest end of the fox's tail hung upon the arm; thou believest that this is done for a mockery upon the sacra veneris.

11. For disease of joints, take a living fox, and seethe him till the bones alone be left; let the man go down therein frequently, and into another bath; let him do so very oft;—wonderfully it healeth; and every year he shall prepare himself this support, and let him add oil thereto, when he seetheth him; and let him use in this manner according to his need.

12. For sore of ears, take a fox's gall; mingle with oil;—drip into the ears; it healeth well.

13. For dimness of eyes, take a fox's gall mingled with honey of humble dore, and applied to the eyes, it healeth.

14. For sore of ears, take fox's loin fat melted; drop it into the ears; good health will come to them.

15. For acute pain of foot, if the inner part of the shoe be vixen hide; and if it be foot addle or gout smear the feet with oil; they will have so much the lighter walk."

[In addition to the above one of the old *MSS.* texts has the following in a marginal note:—

"*De vulpe testiculus ejus dexter . . . tritus et in potus superspersus amoris est potus mulieribus datus; et sinister viris.*"

Hering tells us that at a certain meeting of German naturalists, Oken was asked why, as a rule, vegetable spiral fibres turn to the left; and that he answered, "I do not know; *right and left is one of the mysteries of nature.*" So thought the Saxon leech.]

That "fortuitous concourse of atoms" which, vivified by the sun, played its pranks before men for three score years and ten under the pseudonym of *Sextus Placitus** has left a record in regard to Fox-lung "for oppressive hard drawn breathing" which another "fortuitous concourse of atoms," likewise vivified by the sun,has verified ten centuries after the *force-and-matter* which *were Sextus Placitus* had gone *whither?* and became *what?* As Matter and Force are indestructible we act upon the hypothesis that *Sextus Placitus* somewhere *is*, and we beg to assure the indestructible *him* that the "science" of our day is not much worse than was that of his; and in little, it may not be illogical even now that we *know* so to give Fox-lung for asthma humidum.

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* "No one knows anything about Sextus Placitus, nor why he should be called Platonicus or Papyriensis. Perhaps he is a nominis umbra, a phantom name, a mediæval bit of fun. Idapartus, King of Egypt (to whom the *Medicina Quadrapedis* is inscribed—S. A. J.) a cotemporary of Augustus, must be a creature of imagination, a stalking horse for a book-maker. The old English piece of the 11th century on the "Marvels of the East," printed in Naviatiunculæ, has a parallel in a Latin piece on the subject by "King Prenio," and if the small wit invented Idapartus, why not also Sextus Placitus?"

Leechdoms, Wortcunning and Starcraft, collected and edited by the Rev Oswald Cockayne, vol. i. Preface p. lxxxix.

S. A. JONES.

DISEASES OF THE LARYNX.

TRANSLATED BY F. SEEGER, M. D , OF NEW YORK CITY,

From Tobold's Chronic Diseases. (*Continued from page 551*,)

Inflammation and inflammatory swelling of the arytenoid cartilages, either by themselves or in common with the posterior laryngeal wall is strikingly frequent, and often in a very marked degree severe.

Recovery is seldom as rapid as where other parts are involved, the constant action to which these parts are liable and subject presenting much difficulty, unless great care on the patient's part be exercised to avoid injurious influences and irritations, such as screaming, persistent talking, etc. The submucous tissue is always prominently involved, and by its swelling giving rise to the rounded velvety red appearance of the arytænoids.

Another characteristic appearance is seen in the border of the posterior upper laryngeal edge, which in consequence of the swelling becomes even in outline and looks flattened.—[Examination with the laryngeal mirror of a healthy larynx will give the student a clear appreciation of this peculiarity.—*Translator.*] Primary ulcers on the arytænoides are seldom seen—when seen they are usually the first evidences or developments of a perichondritis due to syphilis or tuberculosis.

The treatment of affections of the single parts of the larynx is generally speaking that already given in treating of the forms of laryngitis. Inflammation calls for local applications by means of the sponge. [I always prefer the brush.—*Translator.*] In ulceration, concentrated solutions of nitrate of silver, or fused caustic by means of the laryngeal caustic holder will be useful.

With this we close our translations. At some future time I trust to be able to find sufficient time to offer such therapeutic suggestions from a homœopathic stand point as my studies and experience will enable.

Our homœopathic literature is still very scant in the department of laryngology and rhinology, though as a hopeful sign we may note the increasing number of our school who are devoting themselves to this interesting department. I cannot permit this opportunity to slip by without appealing to our colleges, societies and journals to place laryngology and rhinology on an equal footing with opthalmology and otology—certainly they are of equal importance and the creation of special bureaus in societies, of departments in journals, and chairs in colleges, will naturally incite a spirit of activity and emulation so far as their study is concerned including particularly the development of a sound homœopathie system of treatment, but will add dignity to the journal society or college which recognizes their importance. Glance where we will through the university calendars of England and France, and in Germany ("Verzeichniss der Vorlessungen, Professoren, Docenten," etc.,) we note a lively appreciation of these interesting and and important studies. In this country the "old school" are awakening more and more, and now shall it be said of the homœopaths that they are once again to wait for the 'old school' to take these steps in advance of us. Let us show ourselves as progressive in this question as it is claimed we are in advance in materia medica and therapeutics.

Another and greater advantage will follow, and that is a body of observers who will give us a more reliable laryngeal and spinal remedial pathogenesis than we now possess. From actual experience and observation, I can truly say that much of the so called symptomatology of remedies so far as concerns the larynx is mere bosh, and is often ludricous on this question.

718 Lexington Ave., New York.

MYOSOTIS.

Mr. Editor :—Let me say a word for *Myosotis* in the East. In July, 1873, I was called to see Miss ——, aged about 30. found her sick in bed ; said she was tired out from hard work in a shop ; was emaciated, feverish, sunken cheeks, pale face, glassy eyes, quick pulse, bad cough, profuse expectoration of large greyish lumps, looking much like small oysters, loud mucus rattling, gurgling in both lungs—no appetite, and some diarrhœa.

Father died of consumption ; brothers, sisters and mother, are tall, slim, and feeble looking. Diagnosis : consumption. Prognosis : death. After two months treatment she was able to walk around the streets. During fall and winter the skin on her face and hands turned dark brown and thick, and looked like fish skin without scales. In February, 1874, the skin had without external applications assumed nearly its natural appearance and she was seized with convulsions, several in twenty-four hours—continuing for several days, very like puerperal convulsions. Another prognosis of *death.*

After this she improved somewhat, when she became insane in May, without any apparent cause. She was God—all the God there was. She had died, been in her grave till she stank, then went to the third sphere, and had now returned, etc., etc. Then she took a notion to drown herself, was quite violent at times although greatly emaciated and feeble. After two weeks she became quite simple, then was better, still the same old cough followed her.

I had given a number of remedies, but more of Calcarea phos. than any other remedy. When I received pure Myosotis tincture, I began to give her the first decimal attenuation, at first night and morning, (as she did not like to change the method of taking her medicine,) but after two weeks gave it oftener, and I am happy to say, that her cough is better, appetite improving, is gaining flesh, and looking and feeling better.

Another symptom I forgot to mention—she has been unable to smell or taste anything for five years, but now since taking the *Myosotis* she can taste and smell quite well. She has not menstruated for two years, and I am waiting for that to return and complete the cure.

Lynn, Mass. A. M. CUSHING, M. D.

Diseases of Children.

THOMAS NICHOL, M. D., LL. B., MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

No. XV.—ASTHMA.*

In the asthma of children, the action of *Pulsatilla* is somewhat similar to that of Ipecacuanha. It is indicated in asthma occurring in children of mild disposition with light complexion, hair and eyes; also in asthma following suppressed rash or resulting from a cold.

The breathing is oppressed, laborious and rapid as if from a feeling of spasmodic constriction in the chest, especially at the base of the lungs; or there is hurried, short and superficial breathing, with a good deal of mucous rhoncus. The patient is obliged to retain the erect posture, and a suffocating feeling in the windpipe as if caused by the vapor of sulphur, is a characteristic sign. The cough is short and barking, with coughing fits coming on in rapid succession, and appearing to threaten suffocation. This cough is accompanied by copious expectoration of mucus, which affords relief, and Hartmann remarks that "Pulsatilla is useful when the asthma depends upon hypertrophy of the pulmonary mucous membranes; this condition is recognized by the fact, that after the abatement of the paroxysm, the patient is relieved by raising large quantities of disorganized mucus, after the discharge of which a physical examination reveals in many places the bronchial respiration, as in partial emphysema of the lungs; this kind of asthma might be termed asthma humidum." At times this mucous expectoration is streaked with coagulated blood. The dyspnœa is increased by motion, by walking in the open air, and by eating, and the attacks usually come on in the night or in the evening when in a horizontal position; during the paroxysm there is extreme anguish, palpitation of the heart with lancinating pains in the chest. Gastric symptoms are frequently present, the tongue is thickly coated, the breath is offensive, hiccough with frequent eructations or nausea followed by vomiting.

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* Continued from page 571.

This remedy, as is well known, has but little action when given in the lower dilutions, and the best results follow when given from the twelfth to the thirtieth.

Chamomilla is one of the neglected remedies in asthma of children in which it is really a leading remedy, especially when the paroxysm is caused by a severe fit of passion, by flatulence or by dentition. "I have frequently stopped, or at least relieved, a paroxysm of asthma which had been caused by sudden chagrin, by means of a few doses of Chamomilla. It is of great use when the constrictive oppression across the chest sets in in the evening, and had got worse until that time from the moment it had been excited in the daytime by a fit of chagrin. It is likewise useful when the asthma had been caused by a frequent incarceration of flatulence; we see this incarceration very frequently take place in children, in whom it causes asthma and suffocative fits. This incarceration frequently takes place in the præcordial and subcostal regions, even in perfectly healthy children (livergrown); these regions are swollen so that it is impossible to make an impression in these parts; the children are restless, toss about, cry, draw up their legs, are anxious and short-breathed, and frequently the breathing intermits entirely." (Hartmann.) There appears to be a constant tickling in the throat; dry irritating cough with mucous rhoncus in the windpipe and in the chest; suffocative fits with short, anxious and wheezing respiration; swelling in the pit of the stomach and hypochondria, with uneasiness, screams and drawing up of the legs. "There is an inclination to be constantly moving; the upper part of the body is covered with sweat; the face of a reddish color, and the urine pale. Better from bending the head back, in cold air, and drinking cold water. Worse in dry weather and from warm diet." (Dr. Temple S. Hoyne.)

Chamomilla is another remedy which is of little or no use when given low, but when given in the thirtieth, its action is prompt and permanent.

Sambucus is a leading remedy in the asthma of children as well as in spasm of the glottis, so often confounded with asthma. "As soon as the first symptoms are observed, which usually consists of a sudden waking up of the child, with anxiety, dull, hollow, dry cough, want of air, and a shriek expressive of fear of suffocation, give the patient two or three globules moistened with the undiluted tincture of Sambucus niger, particularly if the attack is accompanied by general dry heat, except of the face, which, with the hands and arms, is puffed up and blue, with anxious tossing and throwing about of the arms, drowsiness without the ability to sleep, irregular, small, intermitting pulse without thirst." (Caspari.) Stridulous and hurried respiration with loud wheezing, oppression of the chest as if from a weight, with anguish and dread of suffocation; dyspnœa when lying down; nightly suffocative paroxysms, with spasmodic constriction of the chest, sudden starting from sleep and screaming; great anguish, trembling of the whole body, swollen blueish hands and feet, heat of the whole body; mucous rattling in the chest and inability to utter a single loud word; morbid sleep with the eyes and mouth half open; paroxysms of suffocative cough with screaming; aggravation of the symptoms in the recumbent posture. "In the case of children this remedy is often of great service, when, in consequence of a chill, they are seized with spasm in the chest, and awake from sleep with a start, and exhibit many of the symptoms detailed." (Laurie.) It thus appears that though this remedy has unquestionably been of service in asthma of children, it is in closer therapeutic *rapport* with spasm of the glottis.

The weight of testimony seems to be in favor of the use of the mother tincture of this remedy. Noack and Trinks recommend that preparation, Hempel says that of the tincture "a few drops may be given in a small tumblerful of water," and, as we have seen, Caspari advises to "give the patient two or three globules moistened with the undiluted tincture."

Cuprum metallicum is a neglected remedy in this disease, against which however, it is capable of doing good service. It is suitable to children of nervous, irritable temperament and enfeebled constitution, disposed to spasmodic affections, who are attacked with asthma after chagrin, fright or after exposure to cold. Dr. Hughes says that in pure nervous asthma, uncomplicated with bronchial irritation, Cuprum and Lobelia are most effective, to which Dr. Ruddock adds his testimony.

The cuprum asthma is accompanied by a constant hacking cough which aggravates the dyspnœa; spasmodic constriction of the chest, with hiccough, difficulty of breathing and of talking; labored and hurried breathing with convulsive straining of the abdominal muscles; the dyspnœa is aggravated when walking and on going up stairs, also by speaking; desire to take a deep breath; short and spasmodic cough with dyspnœa, suffocative fits, and stridulous inspirations when attempting to take deep breath; rattling in the chest as of mucus, expectoration of white and watery mucus; sensation of emptiness and faintness in the pit of the stomach, and painfulness of the pit in touching it; red face covered with warm sweat. The attack terminates by vomiting, and the interval is not perfect, for a slight degree of dyspnœa remains, or violent paroxysms of dry cough set in which likewise end in vomiting. Bæhr makes the curious and valuable remark that "we have never known Cuprum to be of any use for the paroxysm itself, so that we now limit the use of this drug exclusively to the intervals between the paroxysms." Cuprum has, in my hands, acted better when given in the thirtieth than in any lower dilution.

Opium is by no means a remedy of the first rank, yet cases occur in which it affords very prompt relief, especially when fright has been the cause. Kreussler says that "Opium and Ignatia rank with Nux, with this difference that they are more suitable to the milder forms of asthma, and for children rather than adults." Bæhr places Opium among the remedies from which most may be expected during the attack itself. "Opium especially sometimes renders substantial aid without it being necessary to employ large doses on this account. Morphia, 2d trituration, two or three grains at a dose, exerts a sufficiently powerful effect, and if this dose is not sufficient, the remedy can only do harm. A copious secretion of mucus always counter-indicates Opium."

The pathological state may be either congestion of the lungs, which is hardly entitled to be called asthma, or it may be spasm of the bronchial tubes which is more properly entitled to that appellation, for Opium is capable of producing either of these states on the healthy, and is, consequently, capable of curing them in the sick. The breathing is deep, stertorous and rattling, with loud mucous rhoncus in the chest, and extreme anguish from dread of suffocation. There is tightness of breath with oppression and spasmodic constriction of the chest; suffocative fits during sleep like nightmare, with very difficult breathing during sleep. The cough is dry and suffocative with bluish redness of the face and dryness of the skin.

I would be positively afraid to give the enormous doses mentioned by Bæhr, "Morphia 2d trituration, two or three grains at a dose," but have seen fine results from the twelfth trituration and the thirtieth dilution, given, not as a mere palliative, but as a true curative remedy.

Spongia. Of this remedy Bæhr says:—"Spongia has so far been found useful only in asthma depending on tuberculosis, but it has never effected a complete cessation, but only a marked diminution of the frequency and intensity of the attacks. The paroxysm is characterized by a marked contraction of the glottis, a wheezing respiration, with complete loss of voice. In a few hours the patient hacks up a substance resembling soaked sago." The respiration is deep, wheezing and slow, as if from weakness; want of breath and paroxysms of suffocation after every movement, with weariness, rush of blood to the chest and head, anguish and heat in the face. When old enough the patient complains of pressure in the larynx as from a plug, and this remedy has been very effective for asthmatic symptoms in consequence of goitre. Many physicians use Spongia low, even in ponderous doses of the mother-tincture, but I have seen fine results from the use of the dilutions from the sixth to the thirtieth.

Aurum has been little used in asthma, yet I had two cases in which it affected notable cures, which did not require to be cured over again. Bæhr says:—"Aurum certainly deserves more attention than it has yet received. It is particularly indicated in cases where it is not quite certain whether the heart is primarily or secondarily involved in the attack; the attack sets in with violent palpitation of the heart, great anxiety, and marked symptoms of pulmonary hyperæmia." There is great oppression of the chest, and desire to take deep breath, especially at night, and when walking in the open air; suffocative fits with spasmodic construction in the chest, violent palpitation of the heart, bluish red face and falling down without consciousness. Noack and Trinks recommend Aurum to be given in doses of 1 to 2 grains of the 1st, 2d or 3d trituration, once or twice daily, or every two and three days, according to circumstances, but I have seen fine results from the 6th, 10th and 12th triturations.

Moschus is useful in the acute asthma of children, caused by exposure to cold, especially when the patient is of the nervous temperament. There is a violent feeling of constriction in the throat as if the glottis were involved in the attack, with sense of spasmodic constriction in the windpipe and upper part of the bronchial tubes, and this constriction increases till it becomes a suffocative spasm of the lungs which drives the patient to despair. Sometimes there is no cough present, but merely a little irritation at the commencement of the paroxysm—occasionally the cough is more marked. Noack and Trinks recommend Moschus to be given in doses of one grain of the 1st, 2d or 3d trituration, once or twice a day.

Tartar Emetic has been comparatively little used in asthma, yet both Jahr and Laurie remark that it is frequently of great service in the asthma of children, while Hartmann says that plethoric asthma is perhaps the more immediate sphere of action for this agent. The suffocative distress, with anxious oppression and shortness of breath, depends partly upon constriction of the air-passages and partly upon a low grade of inflammation of the bronchial tubes, accompanied by an excessive secretion of mucus. The malady is aggravated in the evening or in the morning, in bed, and is relieved by sitting up. Choking and retching are also present, and the nightly paroxysms o suffocation are accompanied by loud wheezing and rattling in the chest. Congestion of blood to the lungs is a frequent pathological state with palpitation of the heart, and the anguish is sometimes increased by sudden violent beats of the heart, as if the heart would start out of its place. Hartmann remarks that though there is occasional palpitation between the paroxysms, yet no organic disease could be discovered showing that Tartar Emetic suits asthma with or without organic affections of the heart.

As to the dose, Noack and Trinks advise one grain of the 1st, 2d or 3d trituration, to be given once or twice daily. In my own practice I have usually dissolved a grain of the 3d or 4th decimal tritur ation in 12 teaspoonfuls of water, and given a teaspoonful every half hour during the attack, and every two hours during the interval.

Cocculus has been overlooked a good deal, though its symptoms point very distinctly to a not infrequent variety of asthma. A characteristic symptom of Cocculus is that the paroxysms intermit for some days and then recur with renewed violence after midnight, with constrictive sensation in the region of the larynx. There is racking cough, with anxiety and oppression of the chest, especially at night; spasmodic constriction of the chest, especially on one side only; pressure in the chest and orgasm of the blood with anguish and palpitation of the heart; moaning and tremulous weakness, with disposition to start. Noack and Trinks recommend 1 or 2 drops of the 1st, 2d and 3d dilution, once or twice daily, according to circumstances, but it seems to me that a much higher dilution would prove more suitable.

Phosphorus, to the mind of the homœopathic practitioner, calls up the idea of pneumonia rather than of asthma, but it is really a valuable remedy against the latter malady. Ruoff and Pulte both give the pathological indication 'phthisical habit,' and this is the leading idea of Phosphorus in asthma of children. The breathing is noisy and parting, and the dyspnœa is marked; the oppressive breathing and oppression of the chest are aggravated in the evening and morning, also when sitting or during exercise; great oppressive anxiety in the chest; stridulous inspirations in the evening, when falling asleep; nightly suffocative paroxysms, as if paralysis of the lungs threatened; spasmodic constriction of the chest; hoarse cough with saltish or sweetish expectoration which is often blood-streaked; stitches and sticking pains in the chest, with heaviness, fullness and tension. Constant chilliness is present, with languor and debility. In the cases in which Phosphorus has succeeded in my hands, the stethoscope revealed the presence of *congestio ad thorax* as a result of the spasm of the bronchial tubes and partial paralysis of the lungs. I have seen fine results from all preparations from the 6th to the 200th, but feel surest of success when giving the 12th to the 24th dilutions.

Stannum Metallicum was at one time used by many of our practitioners, but of late years it has been comparatively little employed.

Laurie says that it is "a remedy of much service for the treatment of humid asthma," but Bæhr speaks for many practitioners when he says, "We do not find any where reports of striking cures with this agent." The precise phase of the malady for which Stannum has been thought suitable is when the attack supervenes during the existence of chronic catarrh, and the decrease of the attack is attended with a copious secretion of mucus. The attack is attended with oppression at the chest and mucous rhoncus, and this oppression, which seems to be largely due to the large amount of mucus, is worse especially in the evening and at night, when lying down, also in the daytime during every exercise, and frequently attended with anguish and desire to remove the clothes. The cough is attended by copious expectoration of viscid or lumpy, or transparent and watery, or yellowish phlegm of a sweetish or saline taste. Noack and Trinks recommend one grain of the 2d, 3d or 6th trituration, once or twice daily.

Veratrum Album is a well-known remedy for inveterate asthma, especially when the spasmodic symptoms predominate. The asthmatic spasms are very violent, even when sitting erect and during exercise, with pains in the side and hollow cough. Great prostration is present with small, slow, intermittent pulse, coldness of the skin, especially of the nose, ears and feet, nausea and vomiting before and after the attack, which is accompanied by cold perspirations. Laurie makes the remark that Veratrum should be administered four hours after the third dose of China, when the last named medicine has been productive of inadequate benefit, and several authors point out that it suits well after Ipecacuanha and Arsenicum.

Lachesis—the Belladonna of chronic diseases—is suitable to children suffering from hydrothorax, or of a large, bloated, lymphatic appearance, shortness of breath after a meal; tight breathing, dyspnœa and oppression of breathing, with aggravation after eating; suffocative fits in a recumbent posture, or when touching the neck; spasmodic constriction of the chest, obliging the patient to rise from bed and to sit with the trunk bent forwards; slow and wheezing breathing; desire to take deep breath, especially when sitting. Pulte remarks that this remedy suits well after Arsenicum, and Laurie remarks that it should be administered four hours after the third dose of Belladonna when partial improvement only has resulted from the administration of the last named medicine.

Calcarea Carbonica is a leading remedy for chronic asthma, and is especially efficient in the case of scrofulous patients. There is tight breathing with tension in the chest as if from rush of blood, relieved by raising the shoulders; desire to take deep breath and sensation as if the breath remained stopped between the scapulæ; the patient loses his breath by merely stooping; the dry cough is especially frequent towards morning. All unite in saying that the best results follow the use of the high dilutions, and this remedy should never be used lower than the thirtieth dilution.

Sulphur is, according to Hartmann "a most universal remedy for asthma. There is scarcely a case of asthma where Sulphur is not used. It suits almost every constitution and temperament, and antidotes the bad effects of a number of metallic poisons." Pulte says that it may be given "almost in any acute or chronic attack of asthma, if several other remedies were insufficient." And Hughes remarks that in a great number of cases of asthma you will discover on inquiry gouty inheritance or proclivity, or, what is almost the same thing, some form of cutaneous disease alternating with the dyspnœa. In these cases you will get most satisfactory results from Sulphur." The paroxysms of asthma, almost suffocating, occur mostly at night, with fullness and weariness, burning or spasms in the chest; sometimes the asthma occurs in the daytime, even when walking in the open air; contractive pain around the chest; periodical constrictive spasms in the chest with blue face and short breath, particularly in the evening, in a warm room; wheezing, mucous rattling, rhoncus in the chest, oppressed breathing and suffocative fits, especially at night; suffocative cough with spasmodic constriction of the chest and urging to vomit; difficult expectoration of whitish mucus or else copious yellow expectoration; spasms in the chest with compressive sensation and pain in the sternum, bluish red face, short breath and inability to speak. Kreussler remarks that "Sulphur is suitable to scrofulous, rickety and psoric individuals, especially with a warm skin, internal heat and hurried pulse; whereas Calcarea has a cool, brittle skin, and a sluggish pulse." As to the dose, Hughes says that "you may send your patients to a sulphureous spring, as Dr. Russell recommends; but I think they will do as nearly as well at home under the usual potencies of the drug, of which here I prefer the lowest." My experience is the opposite of this. Among the few cases of medicinal aggravation which I have seen, were several of asthma aggravated by the use of Sulphur in doses of the 3d and 4th decimal triturations, and I have seen the finest results from the 12th trituration to the 30th dilution.

Lobelia Inflata. The practitioners of our school by no means agree as to the true sphere of this remedy in asthma. Dr. Marcy says that it "is a remedy of great value in cases of spasmodic asthma induced by humidity, and certain other conditions of the atmosphere," and Dr. Hughes states that "in pure nervous asthma, uncomplicated with bronchial irritation, Cuprum and Lobelia are most effectual." Dr. Ruddock, who has had much experience in the disease, prescribes Lobelia in "pure nervous asthma"; Dr. Hempel thinks that it is "undoubtedly homœopathic to some forms of spasmodic asthma"; and Dr. Noack has arrived at the conclusion that its operation is peculiarly directed to the pneumogastric nerve, an opinion which is strongly supported both by its pathogenesis, and its curative effects. On the other hand Hartmann, who is a great authority with the middle-aged physicians of our school, says that "this remedy seems to be principally adapted to asthma depending upon degeneration of the bronchial mucous membrane occasioned by chronic inflammation of the air-passages," while Bæhr, a weighty authority, curtly remarks that "Lobelia Inflata is more adapted to emphysema than to asthma." Ruoff seems to be of the same opinion for he directs Lobelia to be used in cases characterized by constant dyspnœa increased by slight exertion, and aggraved by slight exposure to cold. My own experience is that the low dilutions of Lobelia meet the form of spasmodic asthma to which the drug is homœopathic, while the medium and higher dilutions are adapted to the variety of the malady resulting from chronic inflammation of the air-passages.

Hempel thus gives the key to the use of Lobelia, "Asthma, with irregular jerking respiration, oppression, suffocative anxiety as if the patient would die." The attack is preceded or accompanied by a kind of prickly sensation through the whole system, even to the extremities of the fingers and toes; constrictive pain across the chest, and laborious breathing with disposition to keep the mouth open to breathe; oppression of the chest, causing a deep breath to be taken to relieve the pressive pain in the epigastrium; a sensation of weakness and oppression in the epigastrium, extending upwards to the chest, with or without cardialgia or pyrosis, much mucus in the throat; short, anxious and wheezing respiration, with spasmodic cough; nausea and vomiting with great prostration, trembling of the limbs with intermittent pulse and cold sweat; burning sensation in passing urine which is of a deep red color and deposits a copious red sediment.

Many of our practitioners use the mother-tincture exclusively, but Marcy recommends the potencies from the third to the sixth—a dose every two to four hours, as the symptoms require, and remarks that "I myself in common with many other practitioners, have seen very satisfactory results from Lobelia, not given as an emetic or depressant, but from the 2d to the 6th dilution." I have already given my views as to the dose.

APHORISMS.

1. Asthma is a constitutional disease marked by paroxysmal attacks of difficult breathing which are immediately dependent on spasmodic constriction of the smaller bronchial tubes, due to tonic contraction of their minute circular fibres.

2. Contrary to the opinion of a majority of physicians, asthma is emphatically a disease of childhood, for fully 40 per cent. of cases having their first paroxysms during the first decade, and nearly 20 per cent, during the very first year.

3. "All the known existing causes of catarrh are likely to bring on an attack of asthma in the predisposed." (Sir Thomas Watson, M. D.)

4. The asthma of children is often complicated with acute or sub-acute bronchitis.

5. Although unfavorable views as to the prognosis of the asthma of adults are held by all the systematic writers of the dominant school, it is a fact that under enlightened homœopathic treatment, very few cases of the asthma of children remain uncured. T. N.

American Observer.

E. A. LODGE, M. D., DETROIT, MICHIGAN, GENERAL EDITOR

CLOSE OF ELEVENTH VOLUME

BEING FIRST OF NEW SERIES.

We desire to say a few things to our readers in closing our labors for the *Eleventh* year. And these matters we would present in that familiarity which is the privilege of an old friend. Only a small portion of our readers have we looked upon face to face, but we are glad to know that the monthly visits by our Journal to the offices of thousands of physicians year, after year has been welcome.

FOR THE NEXT YEAR,

According to new Postal arrangements we shall be enabled to send the *American Observer* to all our subscribers in the United States

FREE OF POSTAGE.

There will also be several changes which will enhance the value of the Journal, but there will be

NO INCREASE IN PRICE.

Our efforts have been long continued, and our readers have remarked the steady improvement in the character of our publication from month to month for eleven years. Have not our past efforts and past improvements given a promise of greater usefulness in the future? If so, may we not ask *all* our subscribers to assist in extending the benefits of the Journal to others? If one-half of our present readers will take the trouble of showing the *Observer* to physicians and friends, not now subscribers, *giving it such commendation as they deem it deserving of, and ask them to subscribe*, we will not only deduct 20 per cent. of the amount of subscriptions so received, but tender to them an expression of gratitude for their efforts. Is not this practicable? Have we not by eleven years of persistent effort for the advancement of Homœopathy, earned in a measure some such recognition, and will not our friends thus enable us to do still more to bring the *Observer* up to the standard of excellence that we all so much desire.

The January number will contain a large amount of the of the most interesting and practical matter:—

The *Surgical* Department will have a full description of Dr. Seeger's Portable Steam Nebulizer, a new and valuable apparatus; an account of a new instrument of Dr. Richardson's his tooth-cutting scissors; a new antiseptic dressing prepared with Boracic acid, &c.

The *Materia Medica* Department will be enriched by a valuable lecture of Prof. Hoyne on Veratrum Album, and we are glad to be able to announce that this will be succeeded by other well prepared lectures. Materia Medica has received special attention heretofore, and we do not intend that it shall be deficient hereafter.

Our *Foreign Translations*, by Prof. Lilienthal, will form a prominent portion of the *Observer* for 1875, and the January number will contain some of the best of these invaluable contributions. His translations have given us the cream of European homœopathic literature, and it is gratifying to know that they have been among the most acceptable articles we have published.

The *Gynæcological* Department has been well edited by Dr. Blakeley, and the new year will prove that he has special qualifications for this post. The January number will contain several articles of merit.

The *Practice of Medicine* will be a leading feature of the new year, and Dr. C. P. Hart has engaged to give us a series of articles, which when completed will make a work on Practice of special value.

Clinical Observations, have been printed with a measure of regularity, and the new year will show that we made no mistake in giving the editorial charge of this department to Prof. Colton.

In *Pædonosology* the fluent pen of Dr. Thomas Nichol will still be in requisition, and the papers which have evinced such careful thought, research and elaboration will be regularly continued.

Medical Students will be particularly benefited by a series of *Letters* to them which will be commenced in the January number. These have been prepared by one of our best writers. Twenty per cent. discount on price of *Observer* will be made to medical students, so that all they will have to pay will be *$2 net, in advance.*

In *Climatology*, we shall present in the February number an elaborate paper by Bela Hubbard, Esq., on the "Climate of

Detroit, Michigan," appropriately illustrated, and this will be succeeded by other scientific papers.

Reports of Colleges, Societies, Personal Notices, Medical Intelligence, etc., will receive as much space and attention from time to time as may be deemed most acceptable to the majority of our readers.

The *Classified Index* for the first series of ten volumes was prepared with particular care, and has been commended for its convenience and accuracy. We have a few copies left;—the price is one dollar, but we will send it *free* to any of our old subscribers who have not received it, upon receipt of their subscriptions for the new year.

ACKNOWLEDGEMENT.

We desire to repeat an expression of gratitude to our efficient co-Editors for the assistance which has helped us to bring the Journal up to its present condition, and for the promise of their continued aid which will enable us to do better hereafter. We thank all our writers and subscribers who have held up our hands, and crave from them also a continuance of that hearty support which has so far encouraged us.

CONTROVERSIAL ARTICLES.

We expect to pursue the same liberal course in the future that has marked our publication from its commencement.—We shall not give preference to controversial papers, but no writer who states his views courteously and intelligently will be refused a hearing, no matter how much his teaching may differ from our own. We believe in freedom of discussion, and practice our belief. We can afford to allow both sides to be fairly represented.

ORGAN OF THE PROFESSION.

There have been a few *exclusives* who were offended at the liberality of the *Observer;* at first, they were for ignoring it altogether; then they tried to hinder its progress by misrepresentation; finally, they have been compelled to acknowledge that it not only exists, but that it is futile to attempt to stop its "*forward, march!*" Some we are delighted to say, have become its warm friends; and we now have the largest list of subscribers of any of the Homœopathic Journals.

We say once again, the *incontestable fact remains, that on the appearance of the first number of the* OBSERVER *the profession asked for its continuance, and that they have paid for the publication of its 132 monthly numbers! Wherefore, it is much more the organ of this profession than those Journals which have been published, not at the demand of our physicians, but to gratify the supposed wants of Colleges, who thought they must each have an organ to represent them.* E. A. L.

Personal Notices, Etc.

NECROLOGICAL.

ELIJAH H. DRAKE, M. D.

Monday, the 16th of November, 1874, was the 53rd anniversary of his earth-life, it was also his birthday into that spiritual world in which he was so firm a believer.

For sixteen years we have enjoyed his friendship. We had not been many days in Detroit when we were laid up with pneumonia, and his kindly attentions during that illness, and many times since will be ever remembered with gratitude. Three years and three months ago our youngest son broke his leg into the knee-joint, our physician-friend was at hand in our extremity ; did all that surgical skill and attention could, and our son, without deformity or shortened limb, feels as doth his father, we have lost *a friend.* We were often called to visit his patients, and he quite as frequently to visit ours. We held that it was ungenerous to make use of any influence whatever to induce patients to change their medical attendant, but when change was desired of their own free accord their preferences should be sacredly respected. Adhering to this simple, just and practicable rule the petty jealousies which so often mar professional intercourse was avoided, our patrons were gratified, and our friendship cemented by a confidence which the cold rules of common medical etiquette could never have engendered. Being but six months younger than our lamented colleague, we cannot expect to live to enjoy with any other physician such an unbroken period of friendship, neither could any other one fill his place.

At a meeting of the Homœopathic physicians of Detroit, held at the office of Dr. Charles Hastings, on the evening of November 17th, the following expression and resolutions were unanimously adopted :—

But a few hours ago our brother practitioner, ELIJAH H. DRAKE was with us attending to his professional calls with customary promptness.—Yesterday morning his friends greeted him in usual health. He responded to a request for consultation in a neighboring city ; after fulfilling this duty he turned to the depot to await the cars. In a few minutes the train that he expected should take him back to Detroit came thundering along with instant destruction to his earthly life. Instead of returning to his home here he passed to his eternal rest.

We find ourselves wholly unprepared for this bereavement. Had he been an invalid, sick and suffering for months or weeks, or even days, and after the best exercise of medical skill, the most prudent nursing, and the loving attentions of a devoted family, had he then passed away in death, we should have been sad and solemn, but that would have appeared as the common lot of mortal man and natural. This instant death-stroke upon a healthy man in the full tide of usefulness and eminence appalls us—it is inscrutable. We bow to the behests of Him, though we cannot read aright all the permissions of His Providence.

We found in Dr. Drake a firm friend, a wise counselor, and a skillful physician.

The city mourns the loss of a good citizen, families lament a medical attendant of kindness of heart and superior talent, his church a constant professor of its peculiar teachings, physicians a worthy colleague, friends one in whom friendship was more than a name. His widow, sons, daughter and near relatives have our sympathies and condolence. May the Comforter give them "beauty for ashes, the oil of joy for mourning, the garment of praise for the spirit of heaviness."

Whereas, Many years of professional fellowship and acquaintance have endeared our departed brother to each of us, and have demonstrated brilliant talents and acquirements as a physician, and noble qualities as a man. By his death the Homœopathic Fraternity of Michigan has been deprived of one of its brightest ornaments, and we, his associates in Detroit, of the benefit of his judicious counsel and advice; therefore

Resolved, That in the death of Dr. E. H. DRAKE, we are deprived of a faithful and valued friend, and the system of medicine which he so earnestly and scientifically supported, has lost one of its ablest and most popular advocates.

Resolved, That we tender to the bereaved family of our departed brother our heartfelt sympathy, and the fervent hope that their affliction may be rendered less painful by the assurance, that the memory of the deceased will be ever gratefully preserved by a community in which he was so highly esteemed and universally loved.

Resolved, That a copy of the above expression and these resolutions be snst to the family of the deceased, and a copy to the daily papers of this city.

Resolved, That the physicians of the city and State be requested to attend the funeral of the deceased in a body.

ELIJAH HAMBLIN DRAKE, M. D., was born in the little village of Cameron, Steuben county, New York, Nov. 16, 1821. When about 15 years of age he emigrated to Michigan and settled at Marshall, Calhoun county, where he learned the mason's trade. He conceived a fancy for the medical profession, and all of his spare time was devoted to that science.—When still a young man he returned to his native county and entered the office of Dr. Case, in the enterprising village of Howard, as a medical student. At the age of 21 the Steuben County Medical Society granted him a practitioner's license, and he began practice under the direction of his old preceptor, Dr. Case.

Late in 1845 he again came to Michigan and entered upon the practice of his profession at Battle Creek, where he was soon afterward married to Cornelia R. Blakeslee, of that place. February 16, 1853, Rush Medical College, of Chicago, conferred the degree of M. D. upon him, after attending a full course of lectures. He practiced a short time in Homer and Fremont, and in 1854 he removed to Detroit, where he formed a copartnership with Drs. S. B. Thayer and John Ellis. Dr. Drake resided continuously in Detroit for twenty years and had been long acknowledged as a leader in the Homœopathic school of Medicine in Michigan.

His wife has long been an invalid, and she has recently been traveling for the benefit of her health. She was at Battle Creek when the dreadful bereavement came. The Doctor also leaves two sons—Dr. Harlow B. Drake, of this city, and Rush E. Drake, a tobacco dealer of Covington, Kentucky. The latter is home on a visit, having come with a view to celebrate his father's birthday, and also to be present at a contemplated family reunion on Thanksgiving day. The family meeting is sad indeed.

The *Evening News* of Detroit, says of Dr. Drake :—

"As a man he was very popular, possessing a kindliness of heart and a genial, winning manner, which gained the confidence of, and attracted to him hosts of warm friends. More than this, he was a devout believer in the truths of the Christian religion, particularly as expounded by Emmanuel Swedenborg, and few men were more conscientious in living up to their religious convictions. Dr. Drake was a *good* man, a sincere friend, and an agreeable companion, a man of large intelligence, deeply interested in public affairs, an enthusiast in his profession, and altogether, one whose loss in public, social and private circles will be widely mourned."

The funeral took place Thursday afternoon, Nov. 19th. After brief services at the family residence, the body was conveyed to the Swedenborgian Church, corner of Cass ave. and George street. The remains inclosed in a rich rosewood casket, was borne into the church by F. Buhl, J. B. Wayne, C. I. Walker, E. G. Merick, Horace Hallock, and Hiram Granger. Floral decorations were profuse and beautiful. The casket was covered with flowers, the pew of Dr. Drake was decorated, the pulpit bore wreaths, and various emblematical figures were wrought in flowers and leaves. The family and relatives of the deceased followed the body into the church, and then came the Homœopathic physicians of the city, also Dr. A. Walker, of Pontiac, Dr. Patterson, of Ypsilanti, and Drs. Backus and Woodruff, of Ann Arbor.

The services were conducted by the Rev. L. P. Mercer, Swedenborgian, assisted by the Rev. A. T. Pierson, Presbyterian, and were of a solemn character. The memorial sermon was preached on the following Sunday. The services in the church were brief, and at their conclusion the remains were conveyed to Elmwood, followed by an unusually large number of sorrowing friends.

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